

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

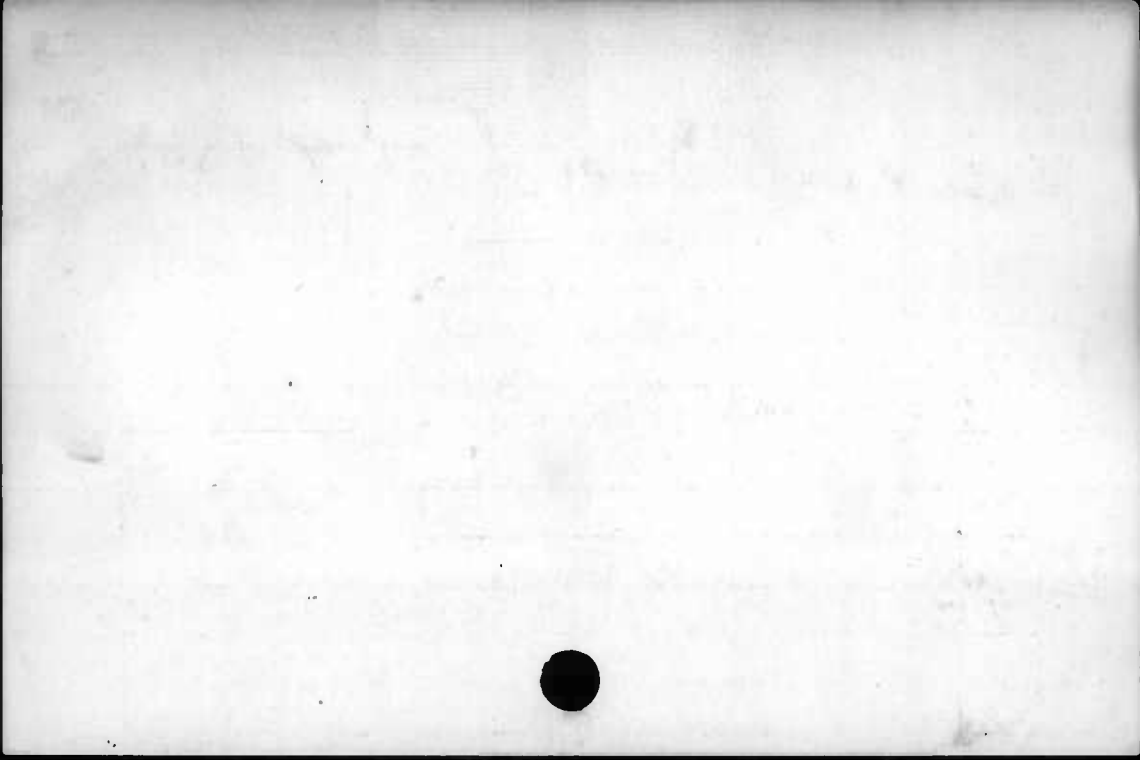
MARYLAND

Died at <u>Georgetown</u>		<u>P. G.</u> County			
Date of death	1906	Month	June	Day	25
				Years	18
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Laborer		Where Residing if not at place of death		Georgetown
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Dory Action		Father's Birthplace		Ind
Mother's Maiden Name			Mother's Birthplace		Ind
Name of person giving information	Harry Action		How related to deceased		Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	(27)	How long	1 year
Immediate	Infarction		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Chilistown	
Accident or Suicide			Ind.	



CERTIFICATE OF DEATH

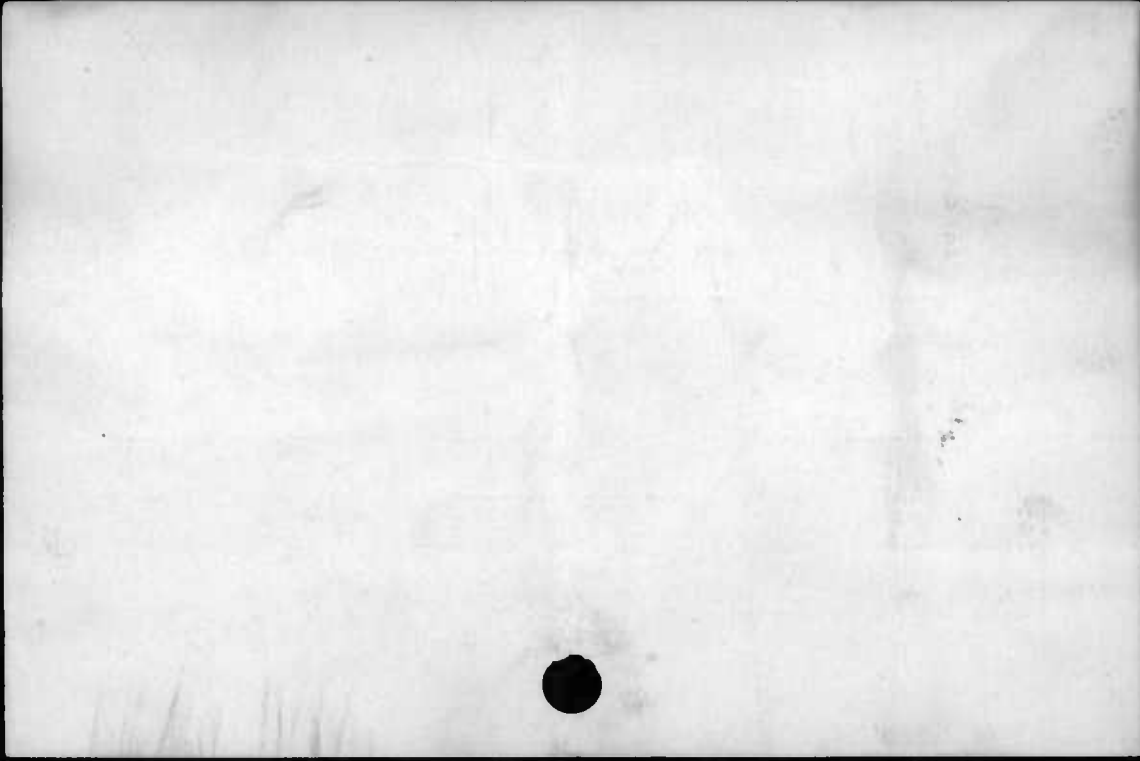
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bladensburg</u>		County <u>Pr. Geo</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>6</u>	Years <u>75</u>	Months _____	Days _____
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Va.</u>		
Occupation <u>Servant</u>			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Mathews Alexander</u>				
Father's Name <u>Unknown</u>	Father's Birthplace _____				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace _____				
Name of person giving information <u>Wm H. Red</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cirrhosis of Liver	(112)	How long	3 months?
Immediate	Mitral incompetence		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
Accident or Suicide?		Neither	Hagerstown Md.	



Name

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CERTIFICATE OF DEATH

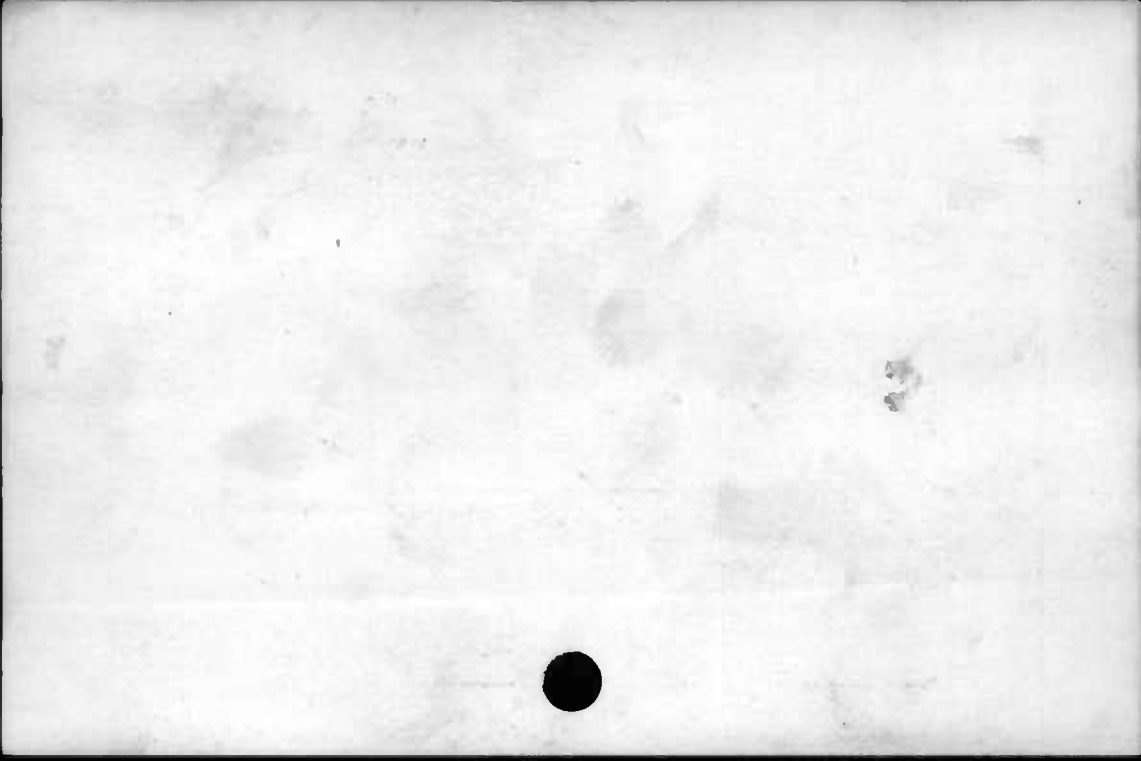
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt. Rainier</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>June</u> ^{Month}	<u>13</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Mt. Rainier</u>		
Occupation <u> </u>			Where Residing If not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>Joseph P. Armstrong</u>			Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Mrs. Sullivan</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>Father</u>			How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u> </u>	How long <u> </u>
Immediate <u>Asphyxiation in Forceps Delivery</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u> </u>	Signature of Physician <u>C. S. Bradfute</u>
	Address <u>Mt. Rainier, N. D.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

William Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at C. Spring Town P.G. County

Date of death 1906 Month June Day 3 Age 20 Years Months Days

Sex Male Color or Race Black Birth-place Ind.

Occupation Laborer Where Residing if not at place of death C. Spring

~~Married~~ Single Name of Wife or Husband Wife

Father's Name Wm Barnes Father's Birthplace Ind

Mother's Maiden Name May Davis Mother's Birthplace Ind

Name of person giving information Joseph Barnes How related to deceased Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Consumption How long 6 mos

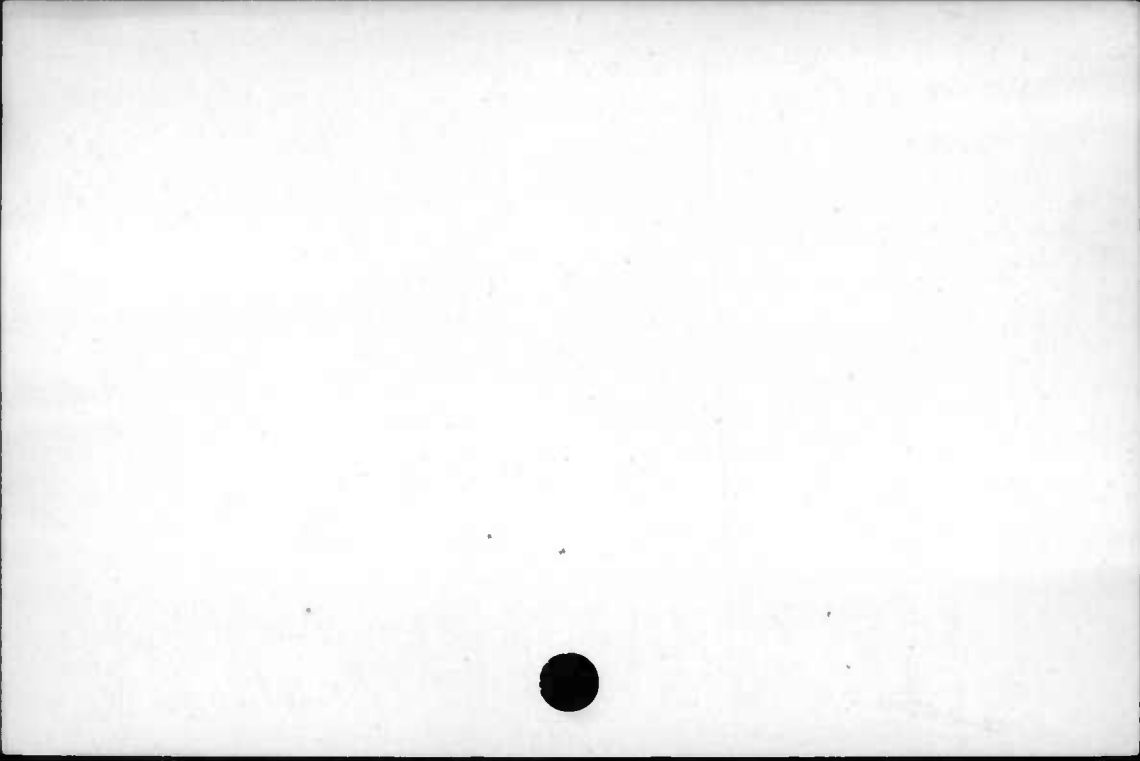
Immediate exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. R. Lanning

Address Bellevue

Accident or Suicide? Ind.



Name
in
Full

Abraham Barringer

CERTIFICATE OF DEATH

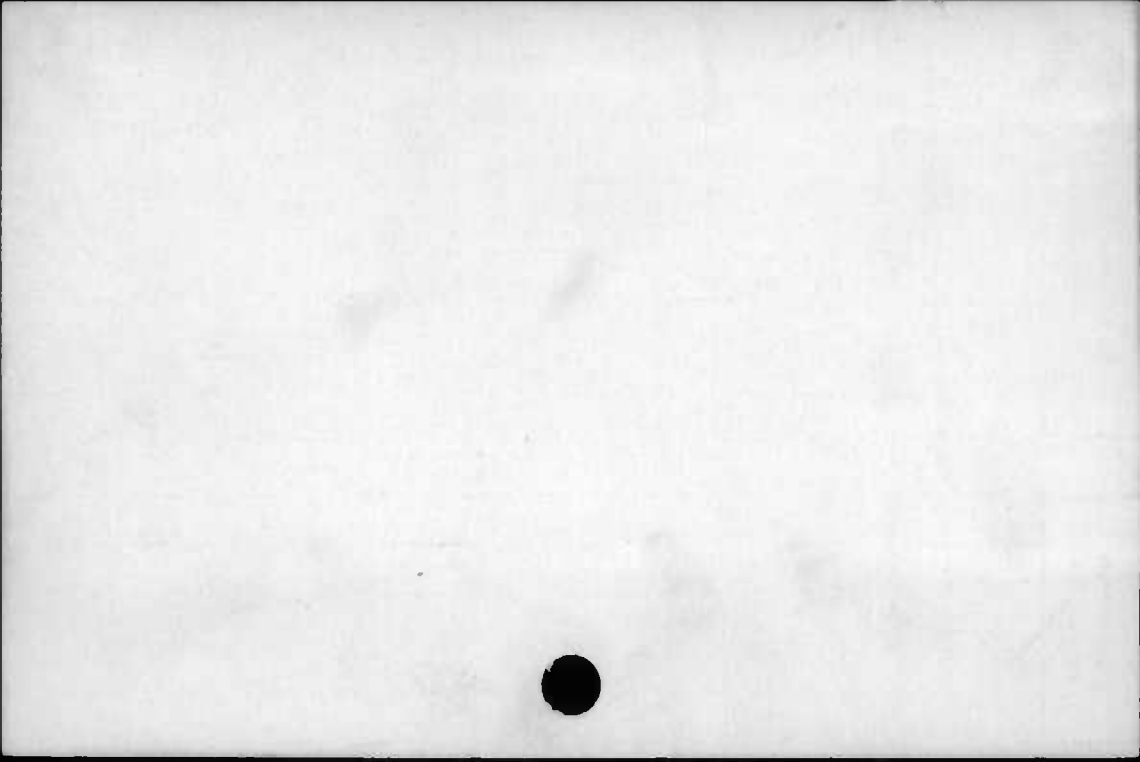
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brentwood</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>22</u> <small>Years</small>	<u>26</u> <small>Months</small>	<u>2</u> <small>Days</small>
Sex	<u>male</u>	Color or Race	<u>colored</u>	Birth-place	<u>Vanu County, N.C.</u>
Occupation	<u>laborer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Maggie Barringer</u>		
Father's Name	<u>Samuel Barringer</u>			Father's Birthplace	<u>Wadeboro, N.C.</u>
Mother's Maiden Name	<u>Maria Turner</u>			Mother's Birthplace	<u>Granville, N.C.</u>
Name of person giving information	<u>Maria Barringer</u>			How related to deceased	<u>mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>(166)</u>	How long
Immediate	<u>Dynamite explosion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician
		<u>Augustus H. Dahler</u>
		Address
		<u>Bladensburg Md</u>
Accident or Suicide?	<u>Accident</u>	



Name
in
Full

Catherine Beckett

CERTIFICATE OF DEATH

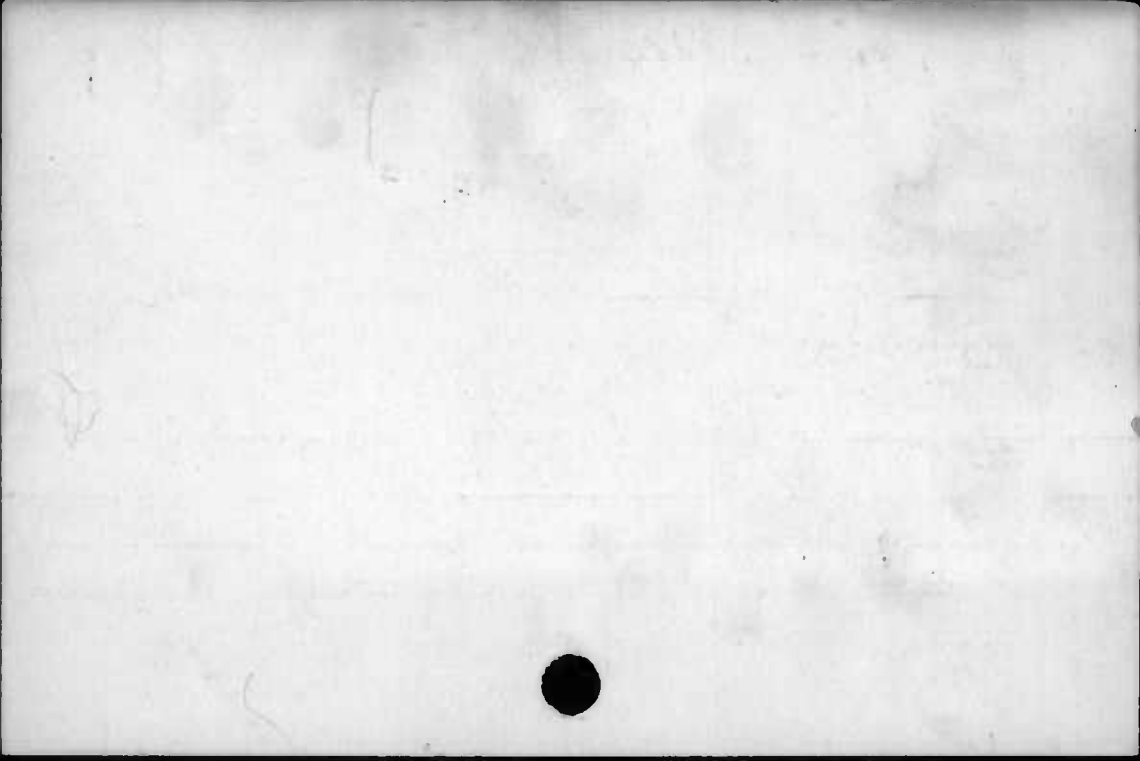
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladensburg</i> Town		<i>Prince Geo.</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>20</i>	Age <i>76</i>	Years <i>2</i> Months <i>16</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>William Beckett</i>			
Father's Name <i>John Brown</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mitilda Smith</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malaria</i>	How long <i>1 1/2 Months</i>
Immediate <i>Senile weakness</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Hyattsville Md</i>
Accident or Suicide?	



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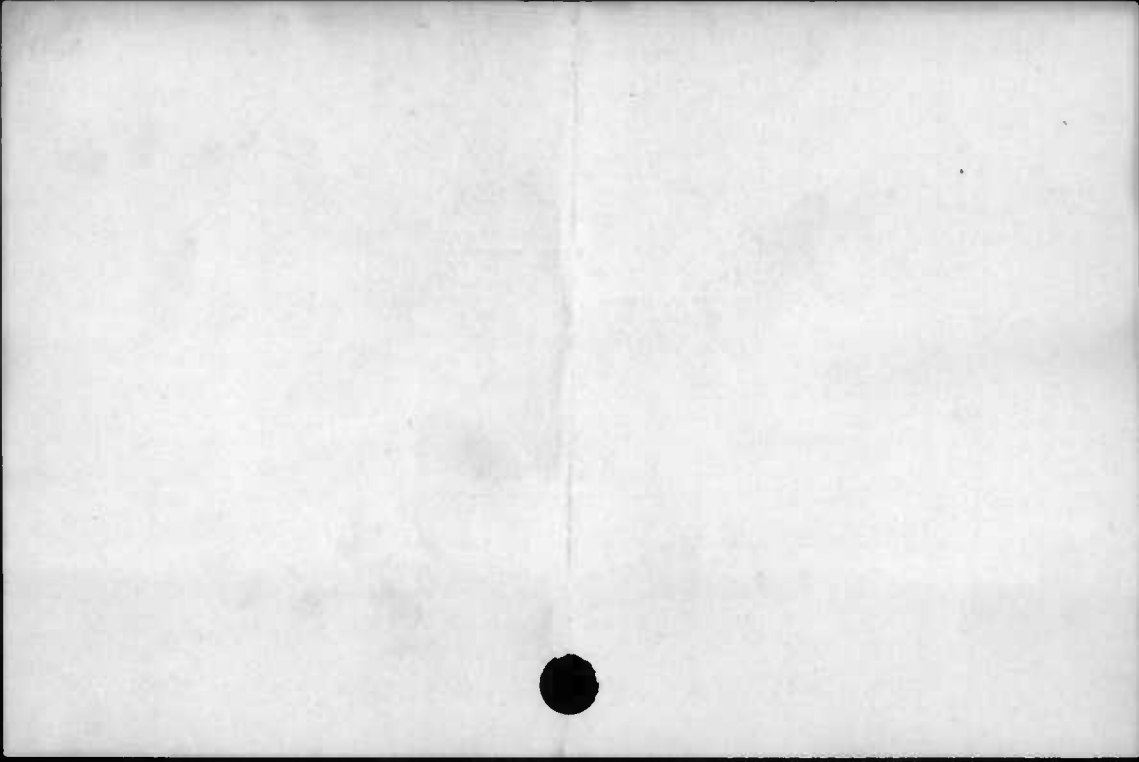
MARYLAND

Died at <u>Largo</u> Town <u>Pg</u> County			
Date of death <u>1906</u>	Month <u>6</u>	Day <u>13</u>	Years <u>1</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace	Months <u>6</u> Days <u>—</u>
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>William Brown</u>	Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Alice Cooper</u>	Mother's Birthplace <u>md</u>		
Name of person giving information <u>William Brown</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malaria</u>	How long <u>10 days</u>
Immediate <u>Spinal trouble</u>	How long <u>5- "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John S. Sausbury</u>
	Address <u>Forestville md</u>
Accident or Suicide?	



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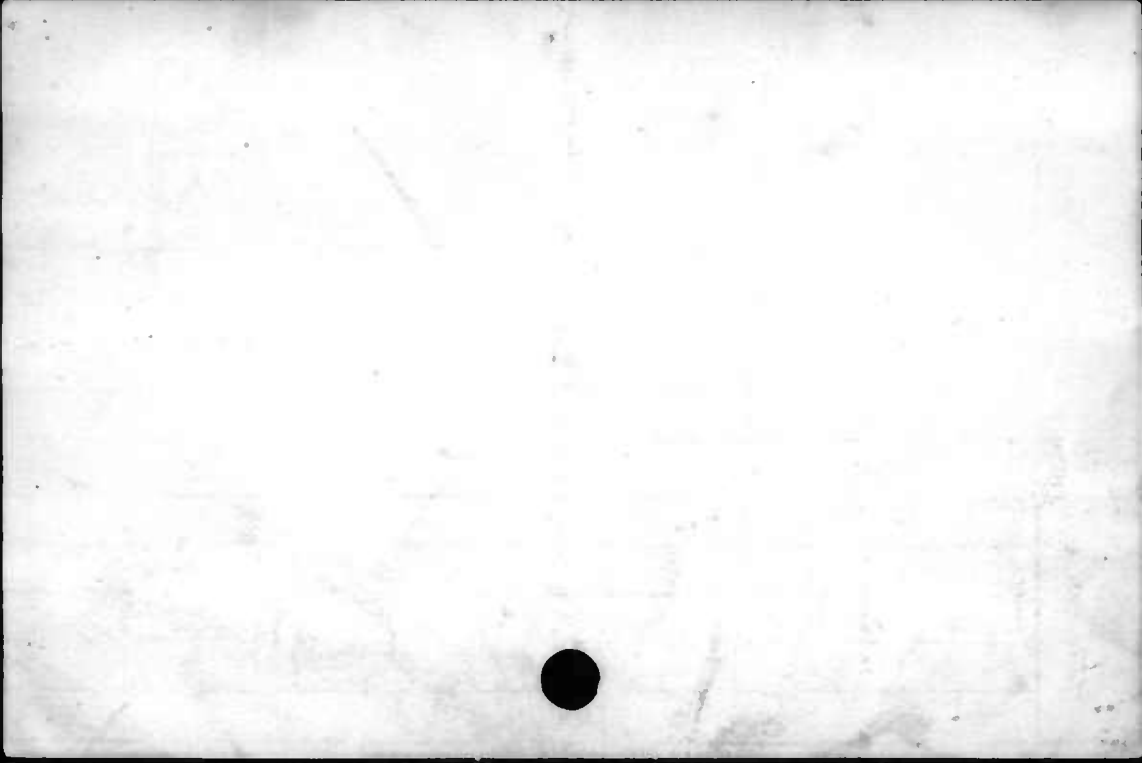
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month 6	Day 8	Age 5	Years 5	Months 2	Days 18
Sex Female		Color or Race White		Birth-place Aquasco Md			
Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband							
Father's Name Henry B. Brady				Father's Birthplace Upper Marlboro			
Mother's Maiden Name Maude C. Gibbons				Mother's Birthplace Aquasco			
Name of person giving information Henry B. Brady				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Croup	How long	Three days
Immediate	Asphyxia	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. Brown	
		Address	
		Aguasco Md	
Accident or Suicide?			
No			



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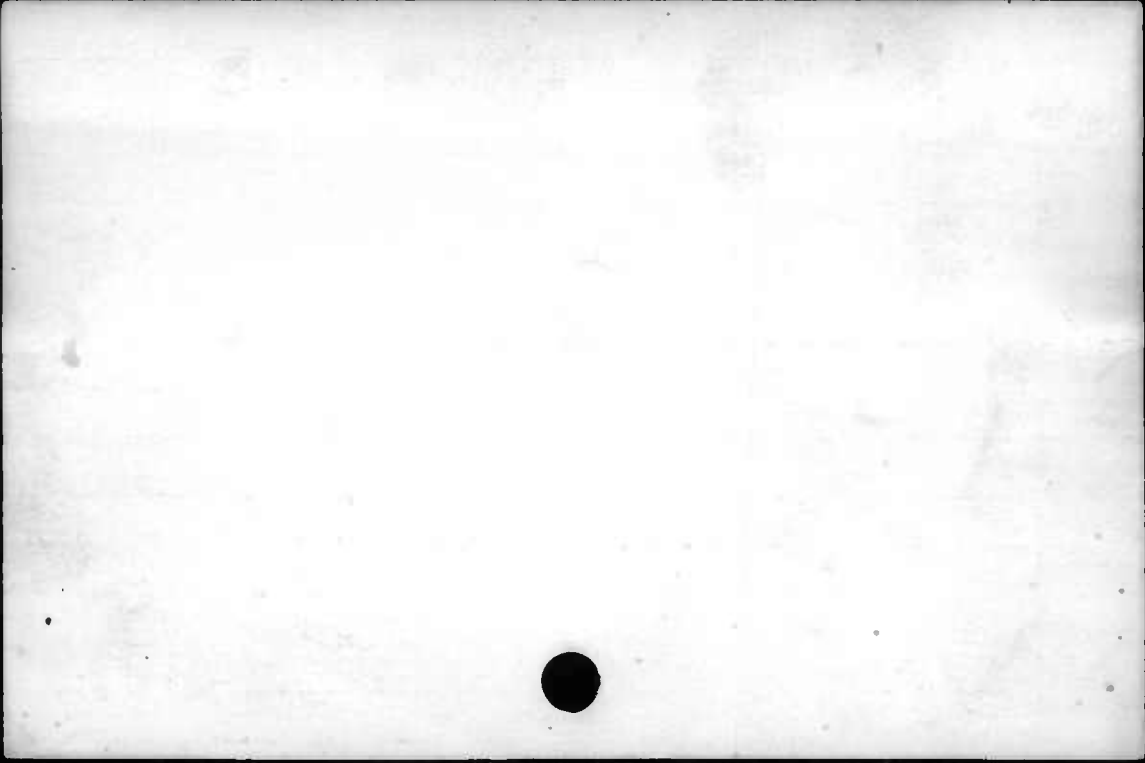
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henry B. Brady</i>		Town <i>Agnasco</i>		County <i>Ph. Davis</i>		MARYLAND			
Died at		Date of death 190 <i>6</i>		Age <i>15</i>		Months <i>4</i>		Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Agnasco Ind</i>					
Married, Single or Widowed <i>-</i>				Occupation <i>-</i>					
Name of Wife or Husband <i>-</i>									
Father's Name <i>Henry B. Brady</i>				Father's Birthplace <i>Upper Marlboro</i>					
Mother's Maiden Name <i>Mrs. C. H. H. H. H.</i>				Mother's Birthplace <i>Agnasco Ind</i>					
Name of person giving information <i>H. B. Brady</i>				How related to deceased <i>Takus</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>		<i>151</i>		How long <i>4 mos.</i>	
Immediate <i>Exhaustion</i>				How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. M. T. B. B. B.</i>			
		Address <i>Agnasco Ind.</i>			
Accident or Suicide? <i>No</i>					



Name
in
Full

Rachel Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Aquasco ^{Town} Prince George ^{County} MARYLAND

Date of death 190 6 Month 6 Day 28 Age 40 Years Months Days

Sex Female Color or Race Colored Birth-place Woodville

Married, Single or Widowed Colored Occupation Housewife

Name of Wife or Husband Lloyd Brooks

Father's Name Unknown Father's Birthplace Maryland

Mother's Maiden Name Rachel Joyner Mother's Birthplace "

Name of person giving information Georg Brooks How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

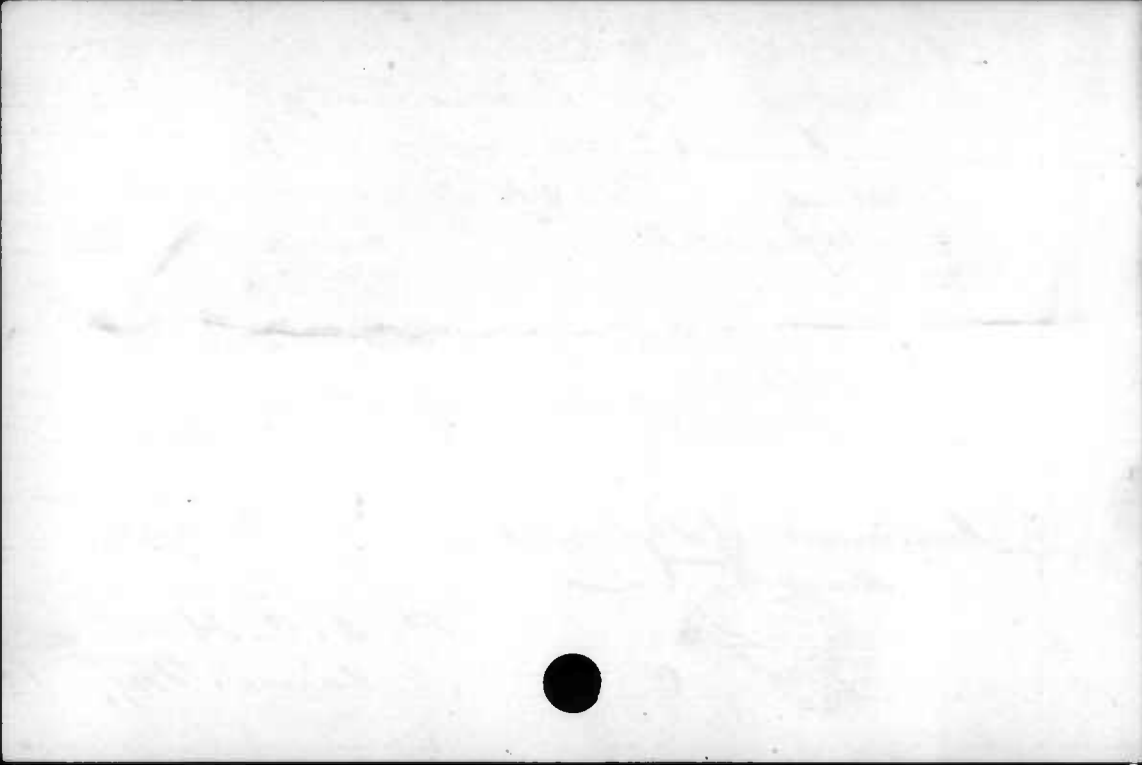
Primary Nephritis How long (120)

Immediate Anemia How long 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. Morton Brown Address Aquasco Md.

Accident or Suicide? No



Name
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Full

Chas E. Brown

CERTIFICATE OF DEATH

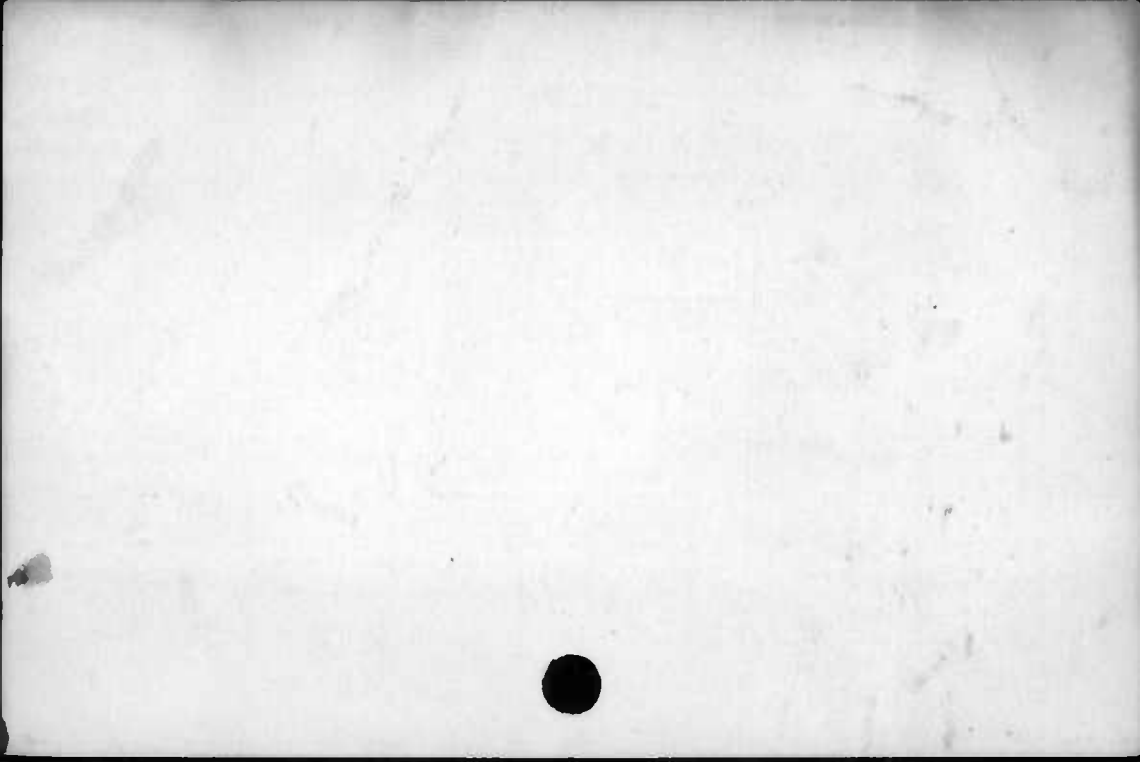
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlboro</i> ^{Town}		<i>P. I.</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>28</i>	Age <i>1</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Marlboro</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Chas E. Brown</i>			Father's Birthplace <i>P. I. Co. Md</i>		
Mother's Maiden Name <i>Mary Simmons</i>			Mother's Birthplace <i>P. I. Co Md</i>		
Name of person giving information <i>Chas E. Brown</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exhaustion</i>	<i>105</i>	How long <i>—</i>
Immediate <i>Cholera infantum</i>		How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ed Gifford</i>	
	Address <i>Upper Marlboro Md</i>	
Accident or Suicide?		



Margaret Frances Brown.

CERTIFICATE OF DEATH

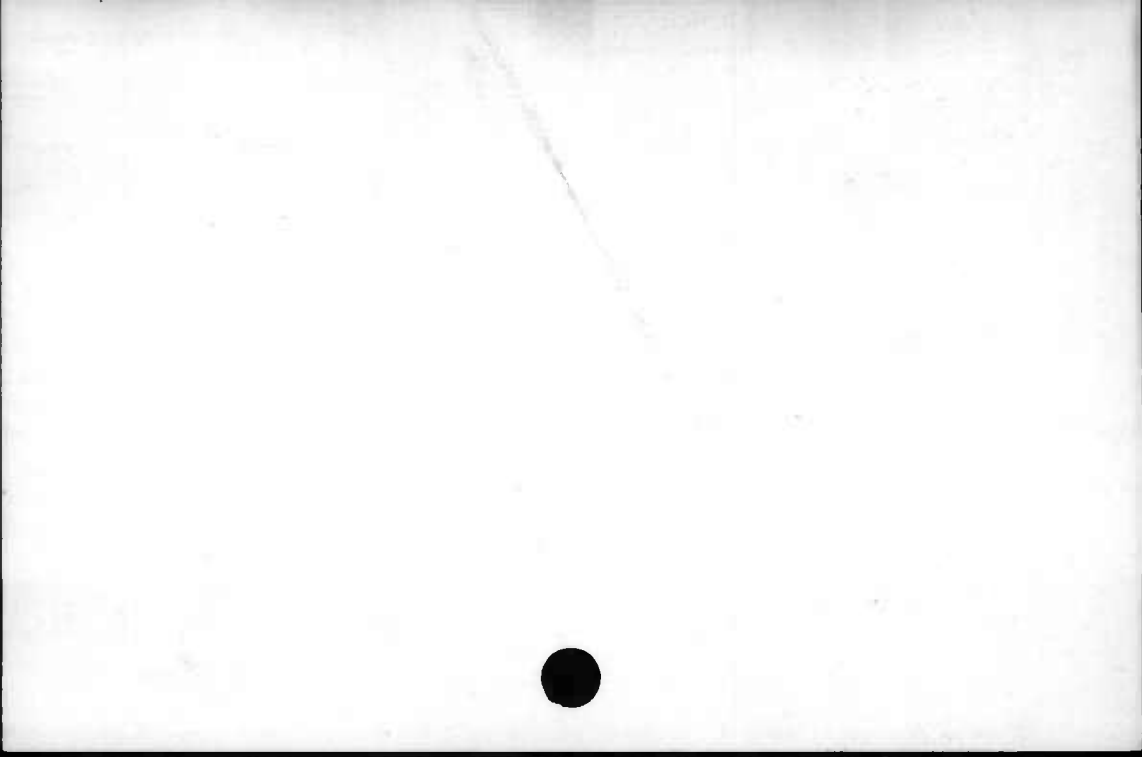
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Laurel.</i>		County <i>Prince George</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>22</i>	Age <i>1</i>	Years	Months	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Laurel</i>				
Occupation <i>Child</i>				Where Residing if not at place of death <i>Laurel</i>			
Married, Single or Widowed		Name of Wife or Husband <i>—</i>					
Father's Name <i>Dr. Randolph Brown</i>				Father's Birthplace <i>Laurel</i>			
Mother's Maiden Name <i>Lda Ball</i>				Mother's Birthplace <i>Dr. Groves</i>			
Name of person giving information <i>J. Randolph Brown</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Improper Food</i>	How long <i>Several Days</i>
Immediate <i>Acute Enteritis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Cronmiller</i>
	Address <i>Laurel Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Isaac Butler		Town		County		MARYLAND	
Died near Piscataway		Prince George					
Date of death	1906	Month	June	Day	13	Age	4
Sex	Male	Color or Race	Colored	Birth-place	near Piscataway		
Occupation			Where Residing If not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Isaac Edward Butler		Father's Birthplace		
Mother's Maiden Name			Annie Shorter		Mother's Birthplace		
Name of person giving information			Isaac Edward Butler		How related to deceased		
					Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(151)	How long	3 months
Immediate	Marasmus	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Edgar D. Hunt M.D.	
		Address	
		Piscataway, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

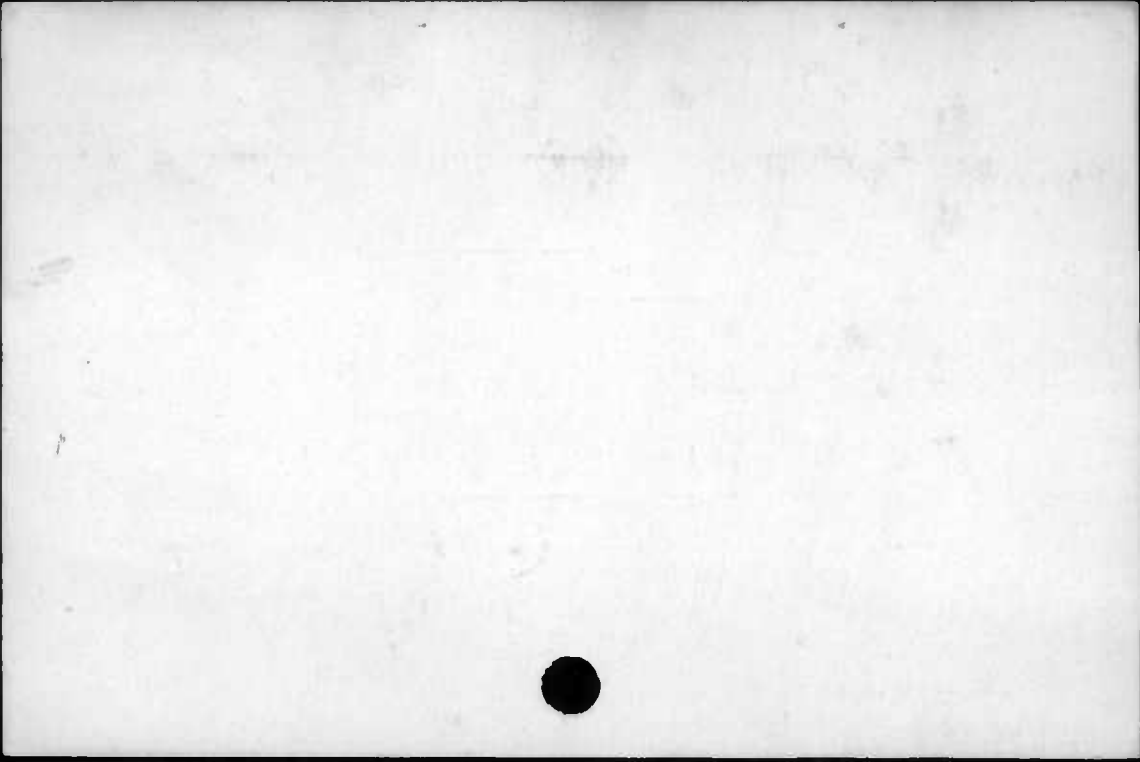
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accokeek</i> <small>Town</small>		<i>Pr. Geo</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i> <small>Month</small> <i>June</i> <small>Day</small> <i>22</i>		Age <i>30</i> <small>Years</small>		Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>near Piscataway</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Harry Butler</i>	Father's Birthplace <i>near Piscataway</i>				
Mother's Maiden Name <i>Katharine Booga</i>	Mother's Birthplace <i>" "</i> <i>✓</i>				
Name of person giving information <i>Gerry Gladson</i>	How related to deceased <i>cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i> <i>(27)</i>	How long <i>8 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr E. S. Hurt</i>
	Address <i>Piscataway Md.</i>
Accident or Suicide?	



Name
in
Full

Ruth Beatrice Carroll

CERTIFICATE OF DEATH

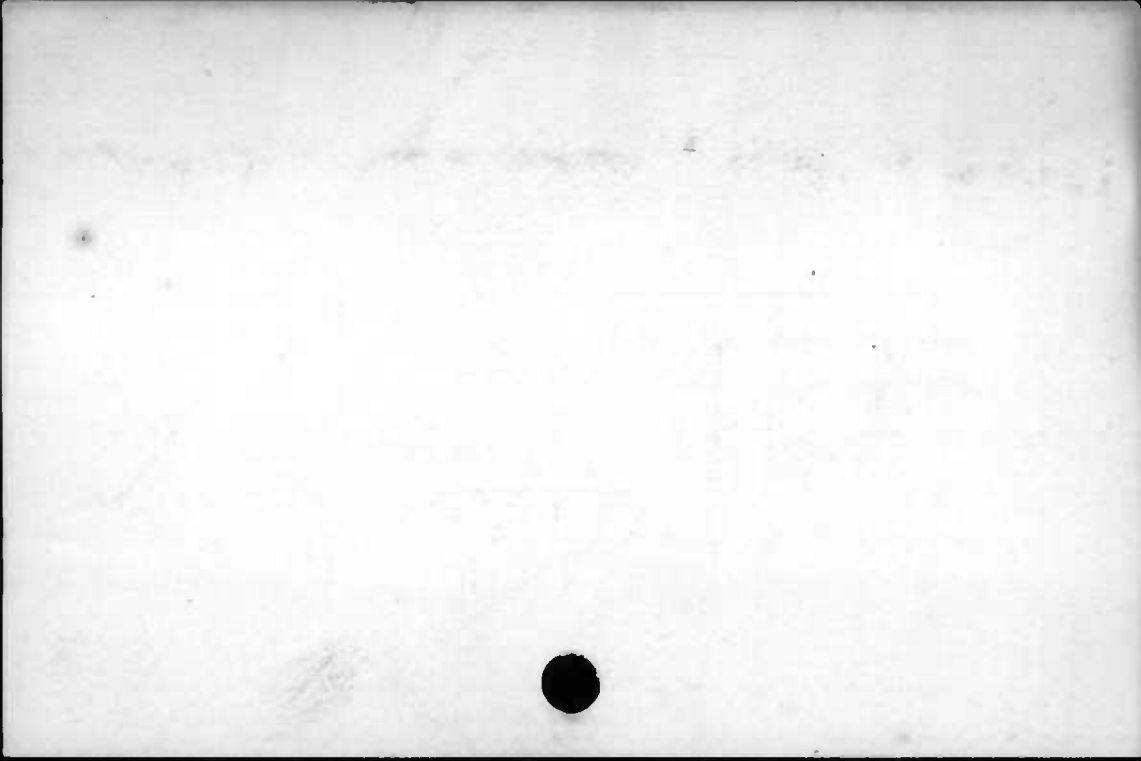
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u> Town		<u>PG</u> County		MARYLAND	
Date of death	190 <u>6</u> Month	<u>21</u> Day	Age	<u>11</u> Years	<u>24</u> Days
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Laurel</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			<u>James L. Carroll</u>		
Mother's Maiden Name			<u>Mary H. Sisco</u>		
Name of person giving information			<u>Mary H. Sisco</u>		
			Father's Birthplace <u>Howard Co</u>		
			Mother's Birthplace <u>Prince Georges</u>		
			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Unknown</u>	How long	<u>1 week</u>
Immediate	<u>Unknown</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	<u>js</u>	Signature of Physician	<u>Dr. Pryor</u>
		Address	<u>Laurel Md</u>
Accident or Suicide?			



Name
in
Full

Francis Aloysius Chrismond

CERTIFICATE OF DEATH

Died at Brentwood ^{Town} Pri Geo ^{County} MARYLANDDate of death 1906 ^{Month} June ^{Day} 25 ^{Years} 2 ^{Months} 2 ^{Days} 7Sex Female Color or Race White Birth-place Brentwood

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband Cassandra J. ChrismondFather's Name Aloysius R. Chrismond Father's Birthplace WashingtonMother's Maiden Name Sidley Mother's Birthplace "Name of person giving information Aloysius R. Chrismond How related to deceased Son

CAUSES OF DEATH

Primary Pneumonia 151 151 How long Large
Immediate Infection How long Large

Are the name, age, sex, color, date and place correctly given above?

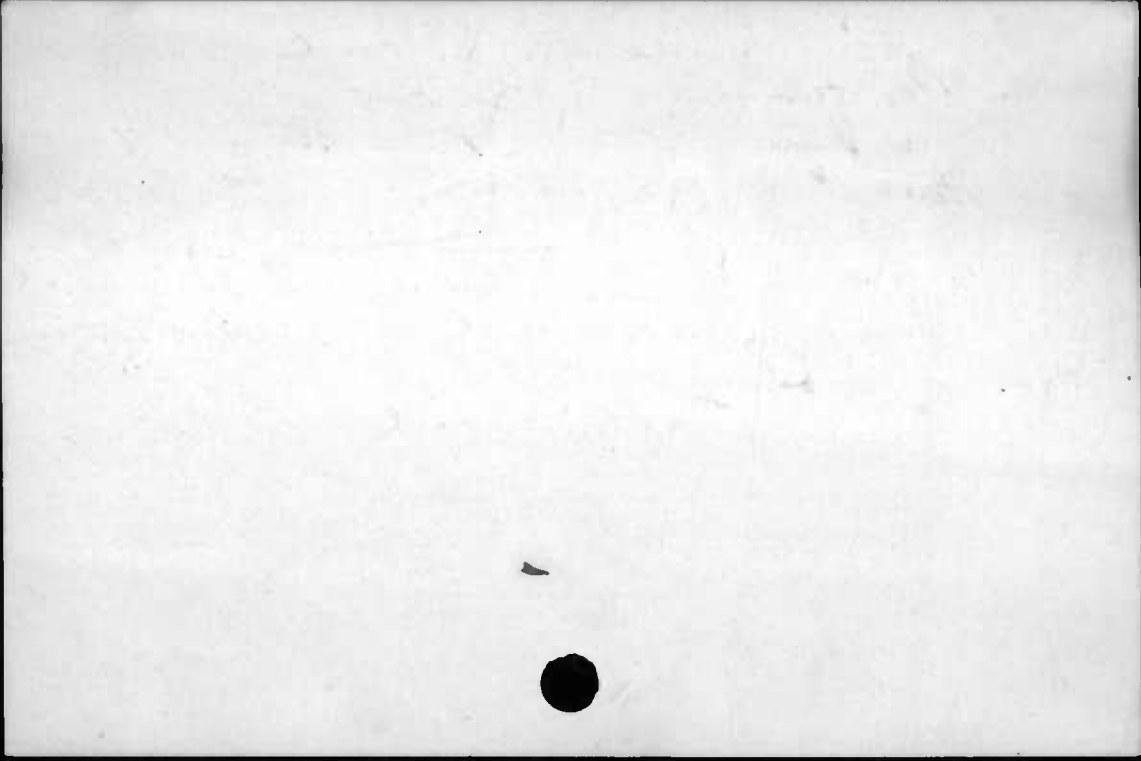
Signature of Physician

Address

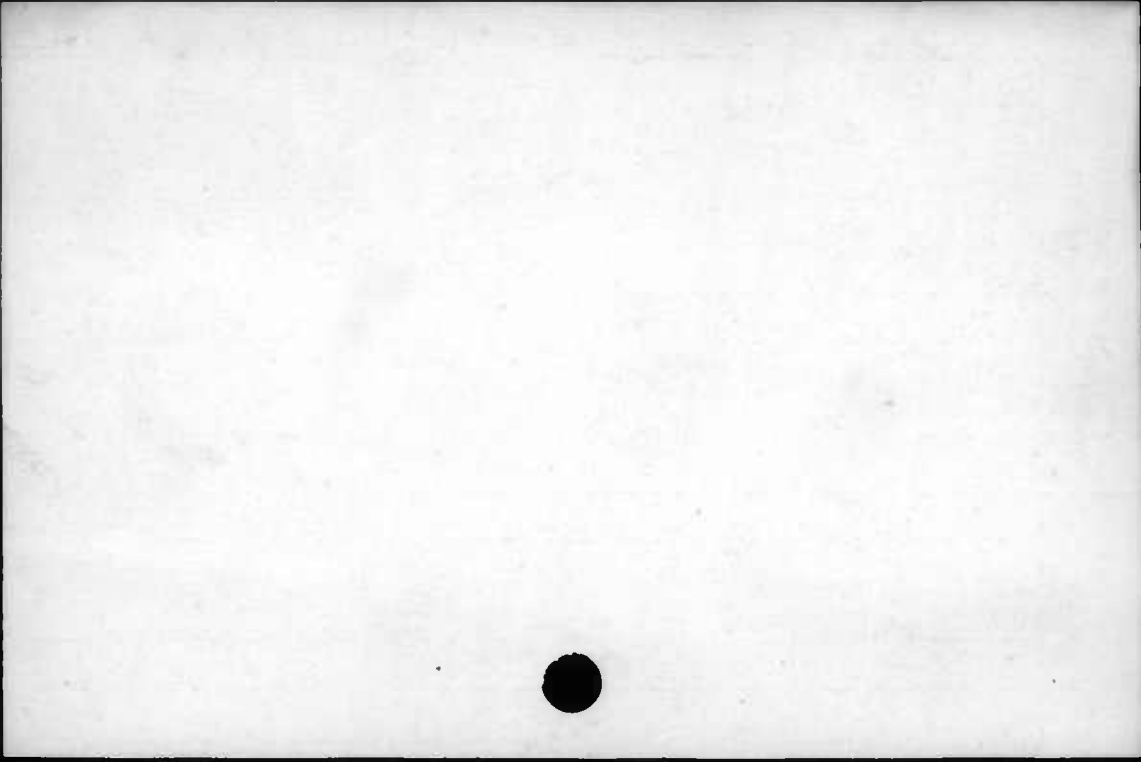
Proctorville, W. Va.
2621 - 14th St NW
Washington D.C.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Dorothy L. Coale				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Laurel		Prince Georges		MARYLAND		
	Date of death	1906	June	Day 3	Years 8	Months	Days 17	
	Sex	female		Color or Race	white		Birth-place	Balto.
	Occupation	nurse		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Harry Evans Coale				Father's Birthplace	Harrods Chase Md	
	Mother's Maiden Name	Nana Edmunds Delcher				Mother's Birthplace	Balto. Md	
Name of person giving information	H. E. Coale				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	General debility				How long	one year	
	Immediate	Heart failure				How long	suddenly	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	W. F. Taylor		
					Address	Laurel Md		
<div style="display: flex; justify-content: space-between;"> ... Accident or Suicide? </div>								



Name
in
Full

George Calverton

CERTIFICATE OF DEATH

Town

County

Died at

Bowie

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1906

June

19

Age

24

Sex

Male

Color or
Race

White

Birth-
place

Bowie Md

Occupation

Post Road Marshal

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Richard Calverton

Father's
Birthplace

Howard Co. Md.

Mother's
Maiden Name

Martha Wood

Mother's
Birthplace

Bowie Md.

Name of person giving
information

Martha Wood

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Acute Bright's disease

How long

Several weeks

Immediate

Cardiac Arrest

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

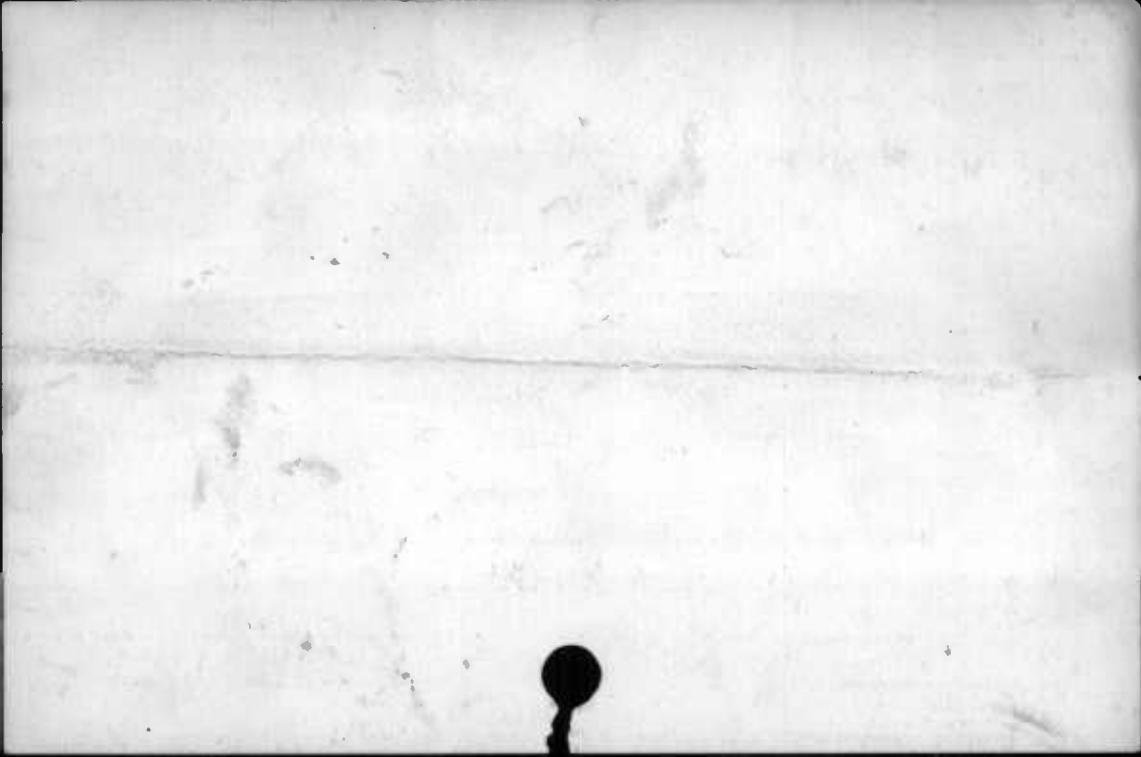
*Dr. W. W. Waller, Jr.
Springfield, Md.*

Accident or Suicide?

Filed 1906

TO BE ANSWERED BY
NEAREST FRIEND

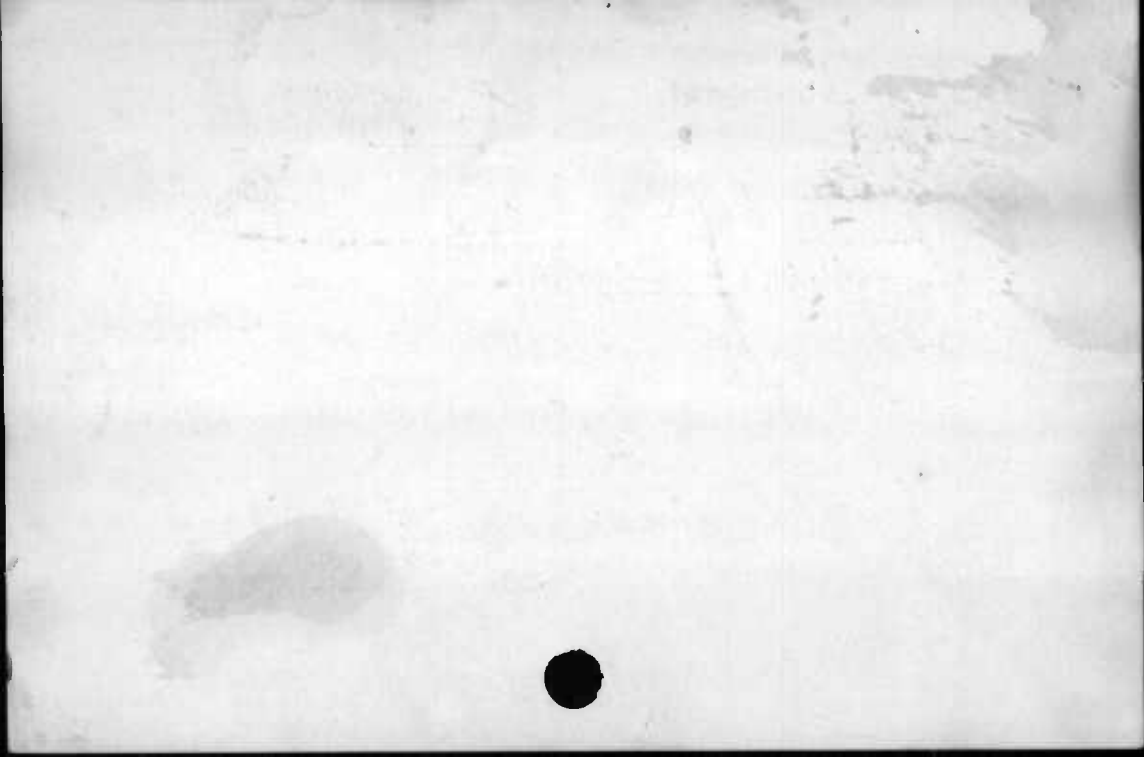
PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		State	
Alberta Cornell		Brentwood		Prince George's		MARYLAND	
Died at		Date of death		Age		Where Residing if not at place of death	
1906 June 19		19		11		Brentwood Md	
Sex		Color or Race		Birthplace			
Girl		White					
Occupation		Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
George Cornell		Laura Boetler		Md		D.C.	
Name of person giving information		How related to deceased				Father	
G. Cornell							
CAUSES OF DEATH							
Primary		Gastro Enteritis		How long		2 weeks	
Immediate		Gastro Enteritis		How long		2 weeks	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		V. L. Perry	
				Address		Hattsville Md	
Accident or Suicide?							



Name
in
Full

Mary Jones Davis-

CERTIFICATE OF DEATH

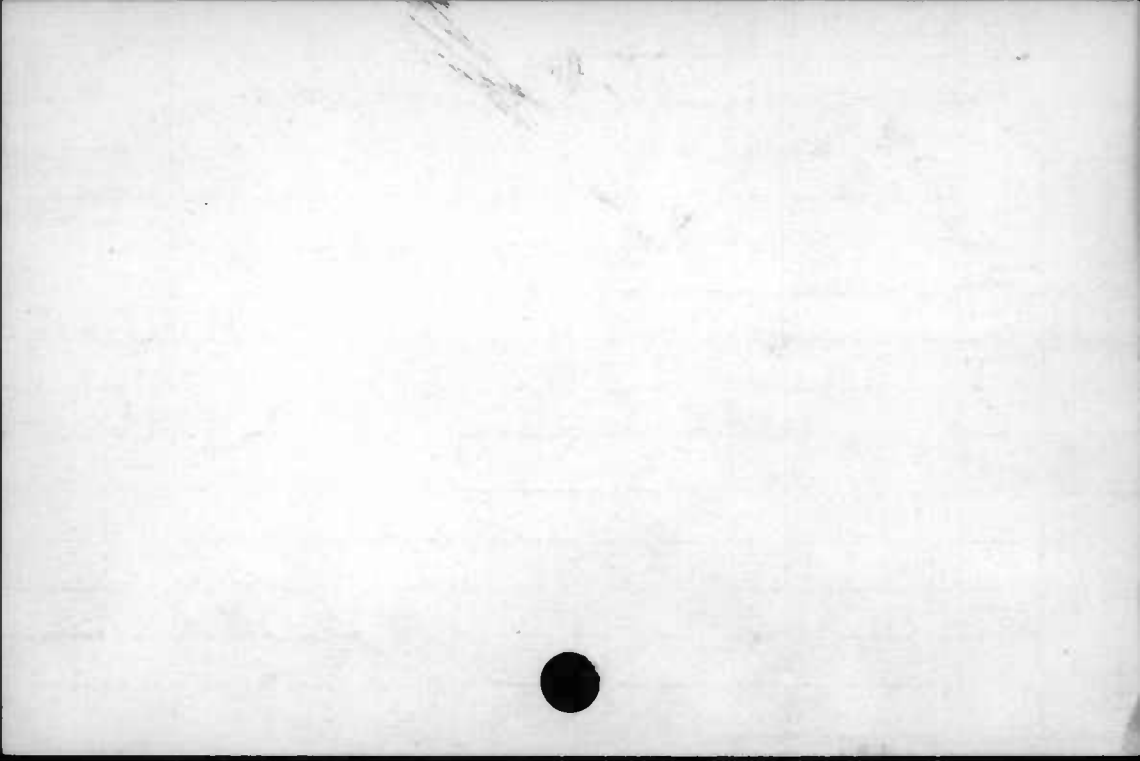
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel - Md</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Year}	<u>June</u> ^{Month}	<u>4th</u> ^{Day}	Age <u>73</u> ^{Years}	<u>10</u> ^{Months}	<u>7</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Harrisburg Pa.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Rev. J. N. Davis - D.D.</u>				
Father's Name <u>David Jones</u>	Father's Birthplace <u>Scotland</u>				
Mother's Maiden Name <u>Harriet Gost</u>	Mother's Birthplace <u>Harrisburg Pa.</u>				
Name of person giving information <u>Virginia Curtis</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>20</u> ^{years}
Immediate <u>Pulmonary Oedema</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Cronmiller M.D.</u>
<u>Yes</u>	Address <u>Laurel, P. G. Co.</u>
Accident or Suicide? <u>—</u>	<u>md</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>William Dorsey</i>		Town <i>Rosaryville</i>		County <i>Prince George</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1906</i>		<i>June 22</i>		<i>10</i>		<i>10</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Pri. Geo. Co.</i>			
Occupation		Where Residing if not at place of death <i>Rosaryville,</i>					
Married , Single or Widow		Name of Wife or Husband					
Father's Name <i>John Dorsey</i>		Father's Birthplace <i>Pri. Geo. Co.</i>					
Mother's Maiden Name <i>Mary Brice</i>		Mother's Birthplace <i>Pri. Geo. Co.</i>					
Name of person giving Information <i>John Dorsey</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
<i>Tuberculosis</i>		<i>27</i>	
Immediate		How long	
<i>10 months</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Gibbons M.D.,</i>	
		Address <i>Croom, Md.</i>	
Accident or Suicide?			



Name
in
Full

Dunall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

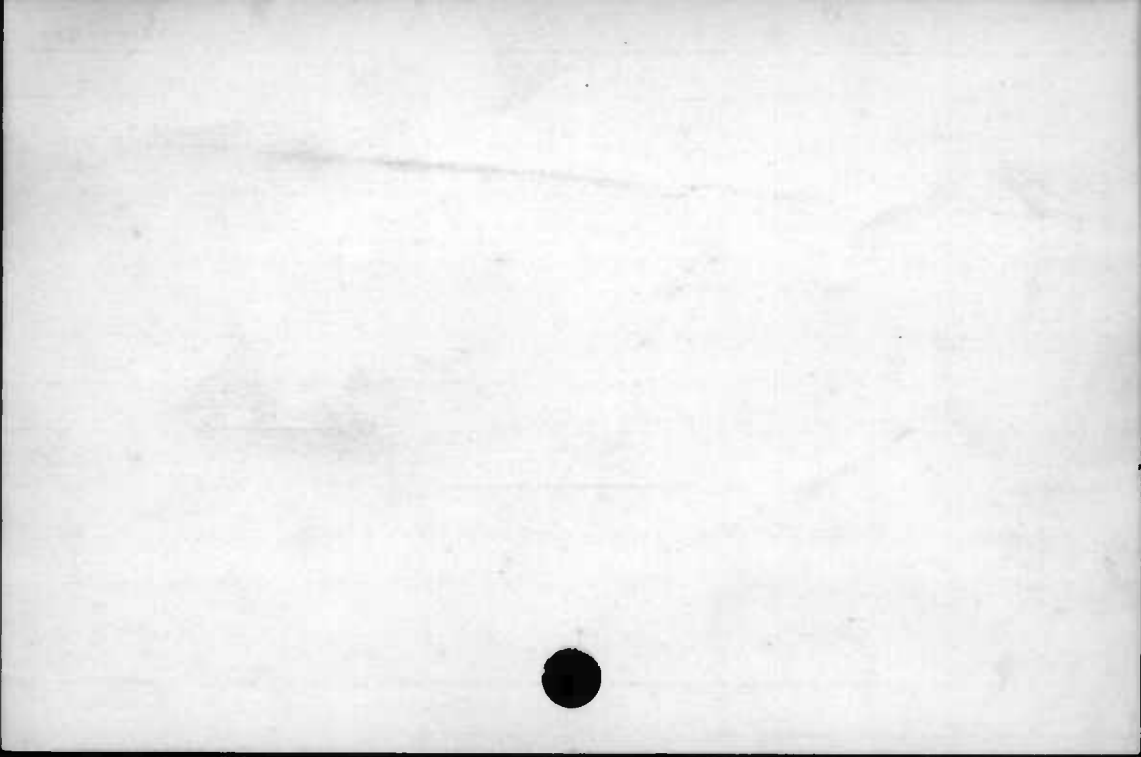
Died at		Town		County		MARYLAND	
Date of death	1906	Month	June	Day	30	Age	1 hour
Sex		male		Color or Race		white	
Occupation				Birth-place		Gausal	
Where Residing if not at place of death							
Married, Single or Widowed		married		Name of Wife or Husband		Elsie M. Dunall	
Father's Name		Elmer M. Dunall		Father's Birthplace		Ball, Md.	
Mother's Maiden Name		Dollie E. Edens		Mother's Birthplace		Mo.	
Name of person giving information		E. M. Dunall		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Sign. of Physician
		Address	Gausal, Md.
Accident or Suicide?			

151



Name
in
Full

Mary Dyer

CERTIFICATE OF DEATH

MARYLAND

Died at *Upper Marlboro*County *P. G.*Date
of death *1906*Month
*6*Day
28

Age

Years
*—*Months
*3*Days
*—*Sex
Occupation*Female*Color or
Race*Black*Birth-
place*P. G. Co. Ind*Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Charles Dyer*Father's
Birthplace*P. G. Co. Ind*Mother's
Maiden Name*Lillie Dyer*Mother's
Birthplace*P. G. Co. Ind*Name of person giving
In formation*Hardy Dyer*How related
to deceased*Grandfather*

CAUSES OF DEATH

Primary

Don't Know

How long

Immediate

*"**"*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

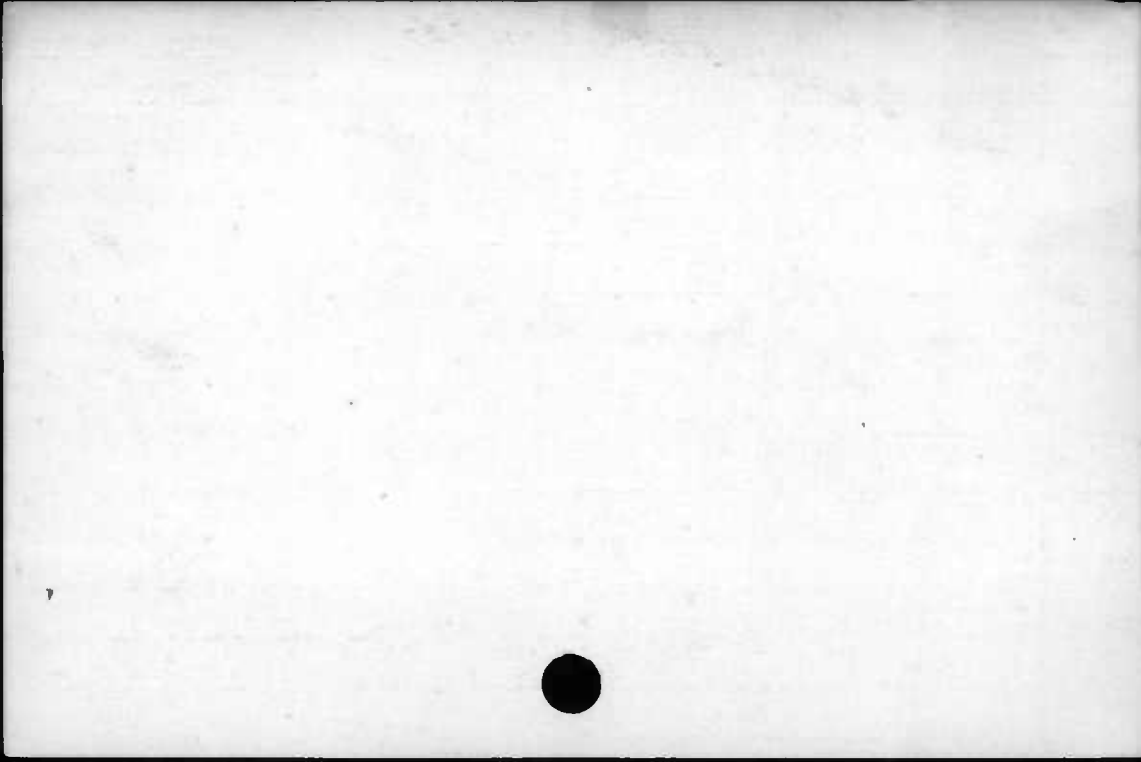
Hardy Dyer Grandfather
Upper Marlboro Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full		Clara Elizabeth Edelen				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		near Piscataway Pr. Geo.		County		MARYLAND	
	Date of death	1906	Month	June	Day	17	Age	77
	Sex	Female		Color or Race	White		Birth-place	near Piscataway
	Occupation	Housewife		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Joseph B. Edelen.		Father's Birthplace		St. Mary's Co.			
	Mother's Maiden Name		Harriet Syar.		Mother's Birthplace		Washington D.C.	
Name of person giving information		Mrs H. A. Hurtt.		How related to deceased		Sister.		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Infirmities of age.				(154)	How long	six or seven months.
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		E. D. Hurtt M.D.	
					Address		Piscataway Ind	
	Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Glendale Town Meigs County

Date of death 1906 June Month 21 Day Infant Years Months Days

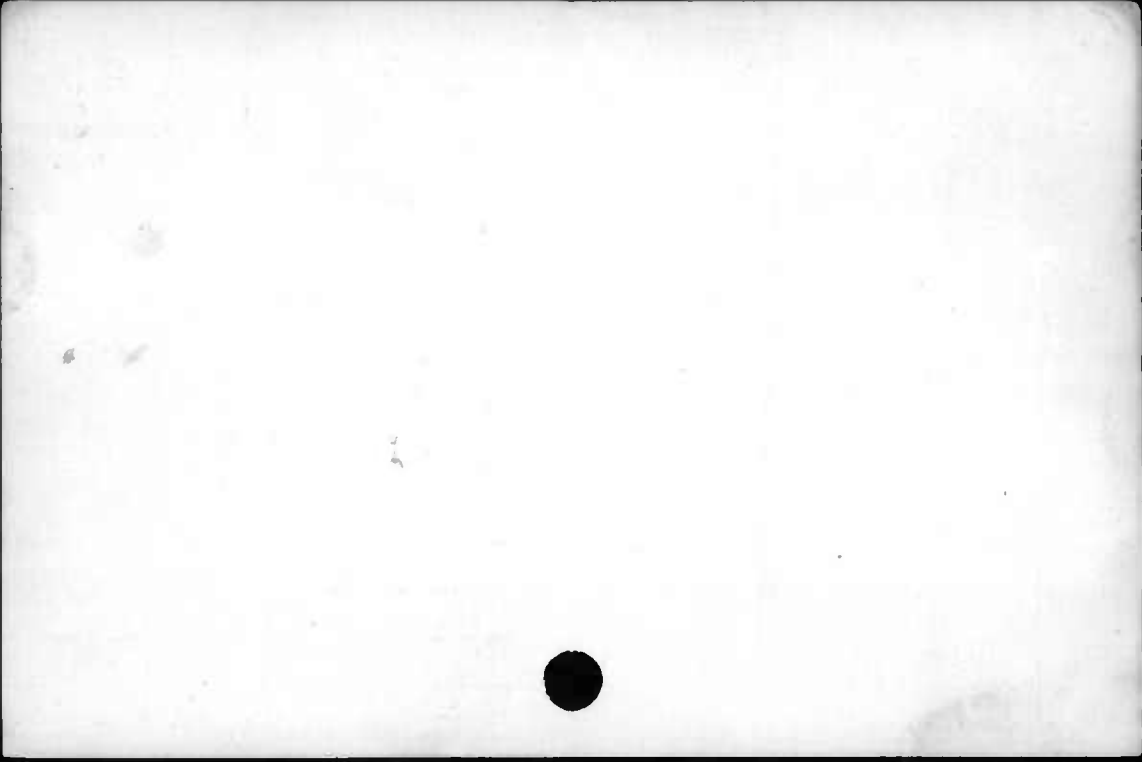
Sex Female Color or Race White Birth-place Glendale

Occupation None Where Residing if not at place of death —

Married, Single
or Widowed —Name of Wife or
Husband —Father's
Name John F. F. F. F.Father's
Birthplace 104 W. 1st.Mother's
Maiden Name Ella L. L.Mother's
Birthplace 104 W. 1st.Name of person giving
Information John F. F. F.How related
to deceased Grandfather

CAUSES OF DEATH

Primary PneumoniaHow long —Immediate —How long —Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician Dr. M. D. D.Address SpringfieldAccident or Suicide? —PHYSICIAN
OR CORONER



Fletcher

Town

County

MARYLAND

Died at

Bright-ant

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

June 5

Age

8 hours

Maryland

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Marion Fletcher

Mother's

Name

Maiden Name

Maggie Washington

Cause of

Primary

severe cold

How long sick

1/2 day

Death

Immediate

a

a

90

Accident, Suicide, Homicide

Reported by

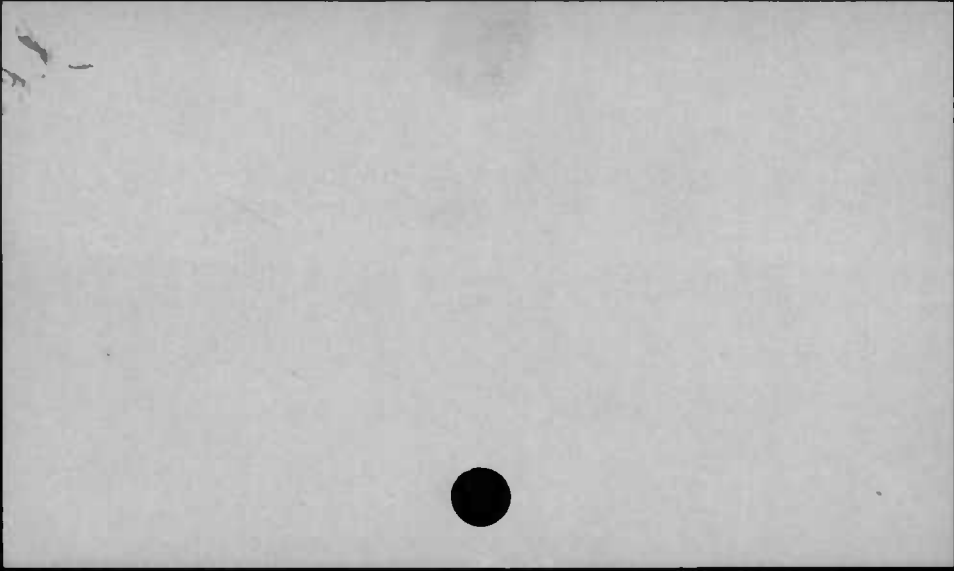
Catharine Washington, grandmother of child

Address

Largo P.O. Md

Myrtle Brooke

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

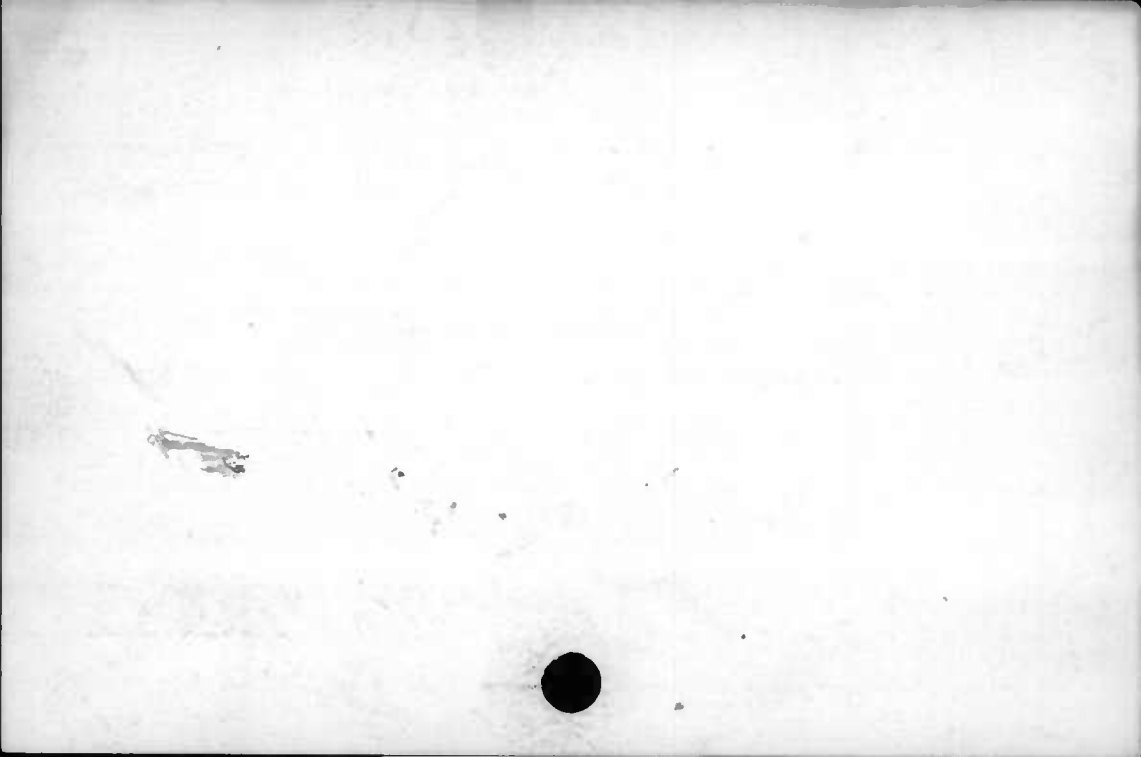
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> ^{Town}		<i>Prince George's</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>June</i>	Day	<i>20</i>
		Years	<i>9</i>	Months	<i>8</i>
		Days	<i>14</i>		
Sex	<i>male</i>	Color or Race	<i>White</i>	Birthplace	<i>Laurel</i>
Occupation	<i>Stone</i>		Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>Charles A. Frothingham</i>			Father's Birthplace	<i>Mod.</i>
Mother's Maiden Name	<i>May B. Leizer</i>			Mother's Birthplace	<i>Mod.</i>
Name of person giving information	<i>John B. Leizer</i>			How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Baldwin,</i>
	Address <i>Laurel, Md.</i>
Accident or Suicide? <i>Accident</i>	<i>Assting Coroner</i>



Name
in
Full

Mary Gorman

CERTIFICATE OF DEATH

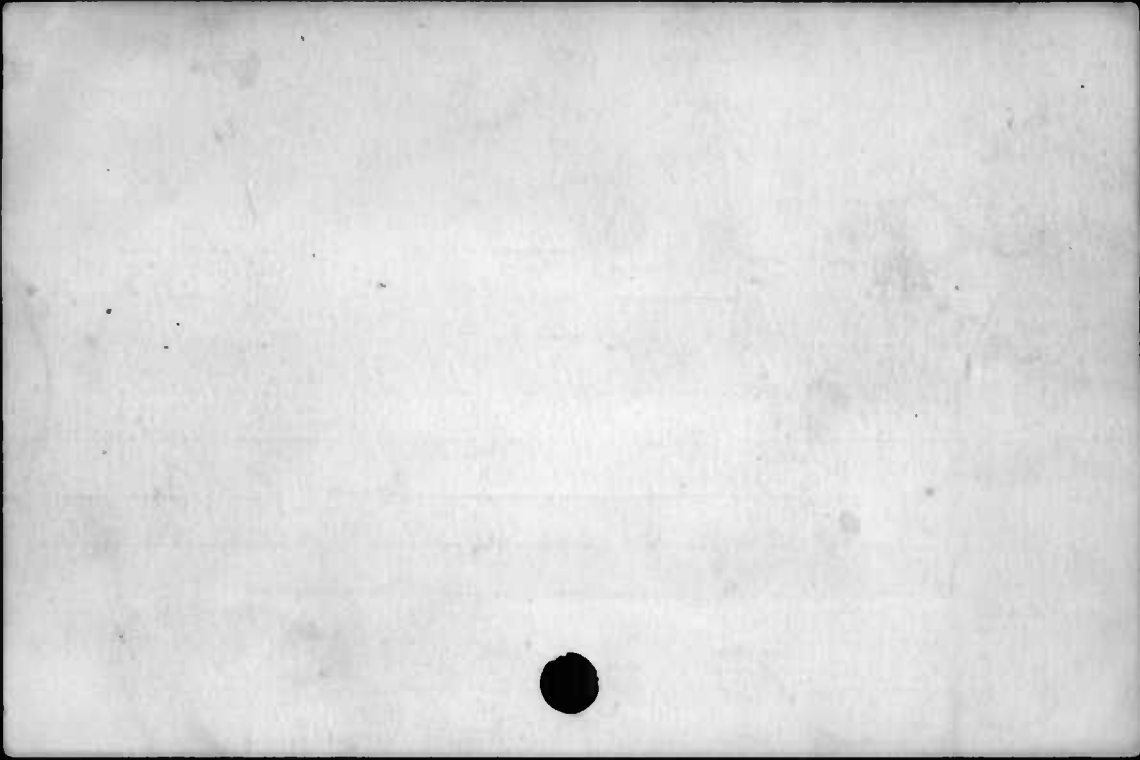
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		June	3	Age	8 hours		
Sex	female	Color or Race	white		Birth-place	Kenilworth, P. G. Co.	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John J. Gorman				Father's Birthplace	
Mother's Maiden Name		Caroline Gantz				Mother's Birthplace	
Name of person giving information		John J. Gorman				How related to deceased	
						father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asphyxia cordis		How long	8 hours
Immediate	Pulmonary edema		How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. M. Brady, M.D.		
Address		Kenilworth, N.C.		
Accident or Suicide?				



Name in Full		Minerva Grimes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Nottingham		P. G.		County
	Date of death		1906	Month	June	Day	30
	Age		65		Years		Months
	Sex		Female		Color or Race		White
	Occupation		Housewife		Where Residing if not at place of death		Nottingham
	Married, Single or Widowed		Widowed		Name of Wife or Husband		
	Father's Name		Thomas Ridgway		Father's Birthplace		
	Mother's Maiden Name		Julia Robey		Mother's Birthplace		
Name of person giving information		Mordecai Grimes		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Gastro-Enteritis (106)			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
						Address	
	Accident or Suicide?					Crown and	



Name
in
Full

Franklin Guntz

CERTIFICATE OF DEATH

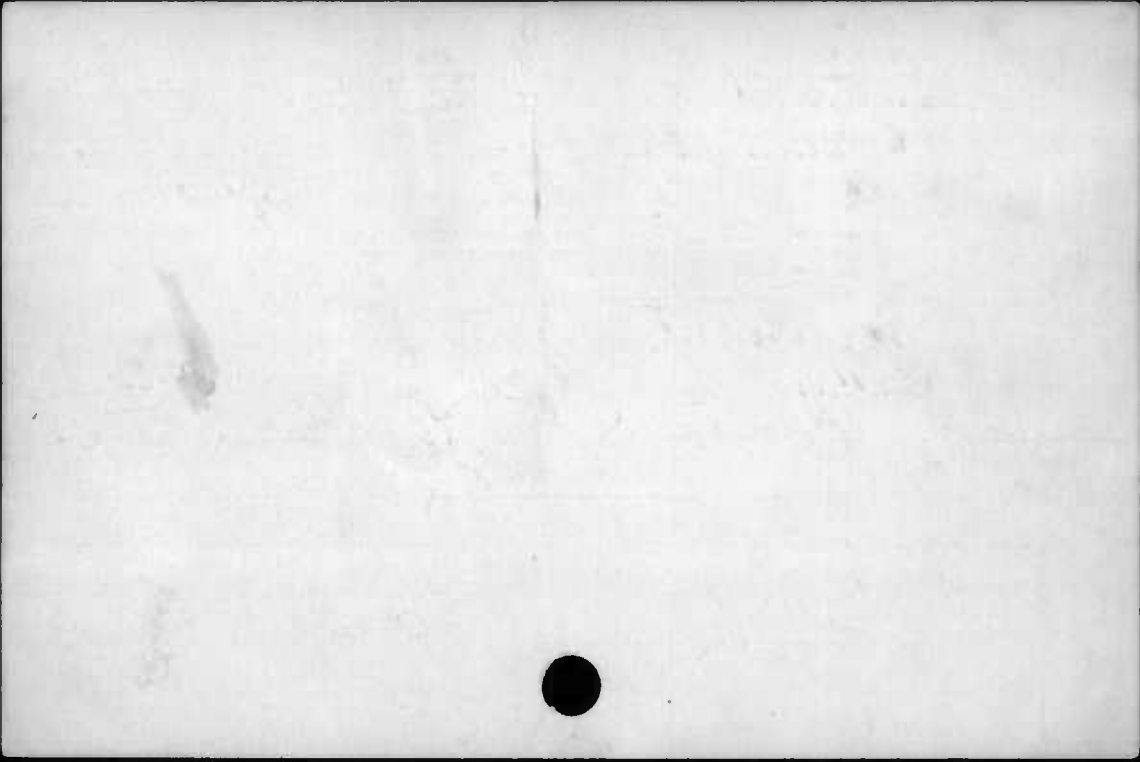
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brentwood</i> Town		<i>Prince Geo.</i> County		MARYLAND	
Date of death	<i>1906</i> Month	<i>June</i> Day	<i>25</i> Age	<i>7</i> Months	<i>14</i> Days
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>M. D.</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Bernhard Guntz</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name		<i>Louisa M. Kessler</i>		Mother's Birthplace <i>D. C.</i>	
Name of person giving information		<i>Bernhard Guntz</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary & Intestinal Tuberculosis, Infected</i>	How long	<i>12</i>
Immediate	<i>muscles followed by Pertussis</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Posler Miller</i>	
		Address <i>2621 — 14th St. NW</i>	
		<i>Washington D. C.</i>	
Accident or Suicide?			



Name
in
Full

James L. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Roecroft		Pr		Geo.		MARYLAND	
Date of Death		Month	Day	Age	Years	Months	Days
JUN 12 1906		6	12	10		8	8
Sex	male	Color or Race	Black		Birth-place	Md.	
Occupation	child		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Harrison Hall				Father's Birthplace	
Mother's Maiden Name		Katherine Wills				Mother's Birthplace	
Name of person giving information		Arthur Hall				How related to deceased	
						Bro.	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	6 mo
Immediate	Debility	How long	

Are the name, age, sex, color, date and place correctly given above?

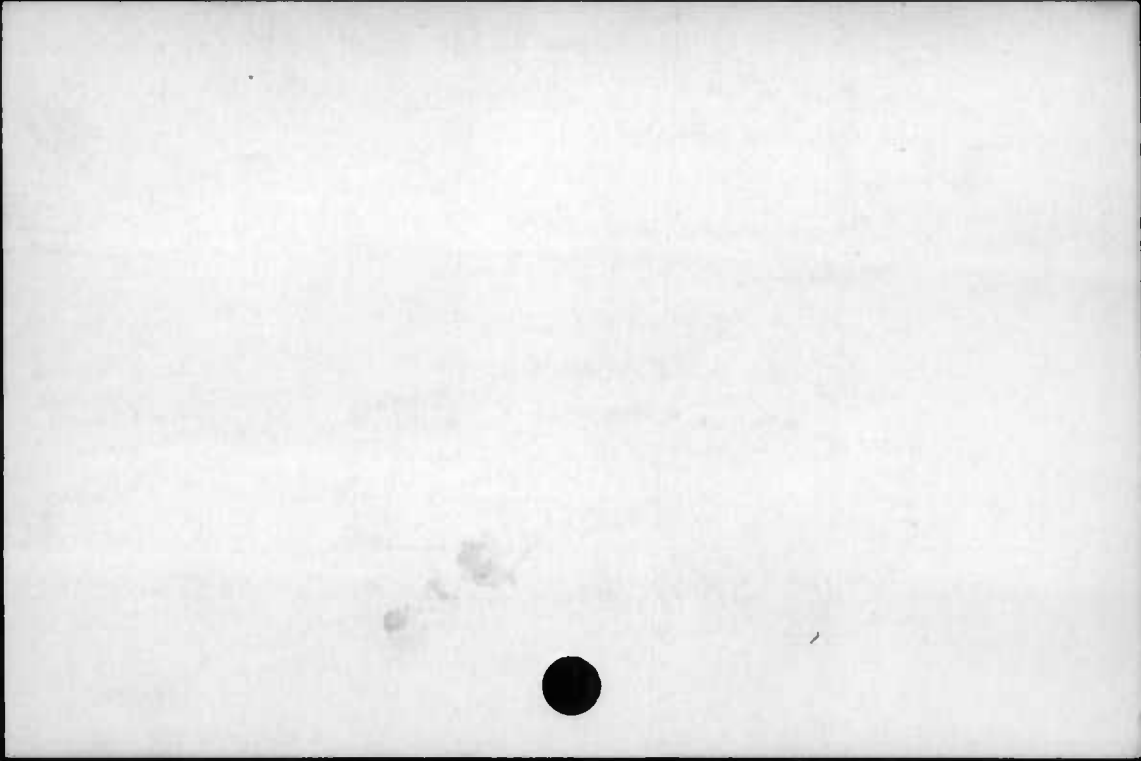
Yes

Signature of Physician

Address

E. P. Simpson M.D.
Roecroft Md.

Accident or Suicide?



Name
in
Full

S. P. Hamilton

CERTIFICATE OF DEATH

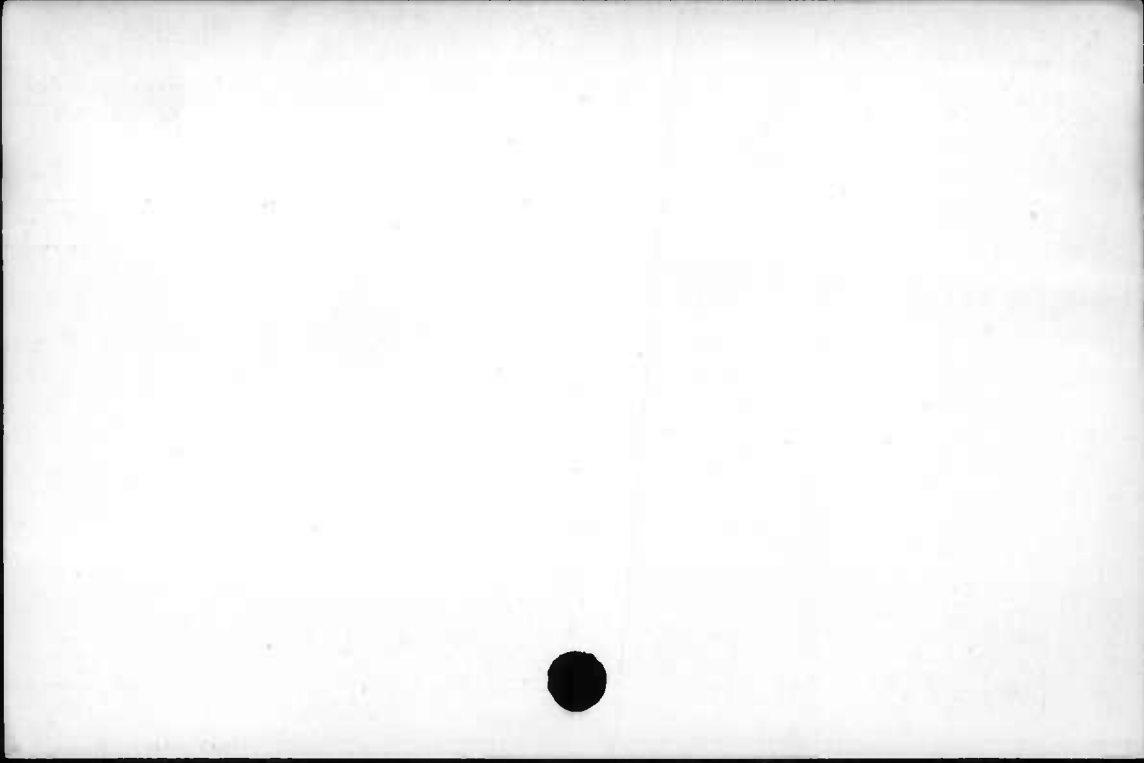
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Stalls		County Prince George		MARYLAND	
Date of death		1906	Month June	Day 30	Age 81	Years 81	Months —
Sex male		Color or Race white		Birth- place Maryland			
Occupation Physician				Where Residing if not at place of death —			
Married, Single or Widowed		Widower		Name of Wife or Husband —			
Father's Name		S. H. Hamilton				Father's Birthplace Maryland	
Mother's Maiden Name		Mary Peach				Mother's Birthplace Maryland	
Name of person giving In formation		James Hamilton				How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Debility	How long	123
Immediate	Paralysis of bladder	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. A. R. Walker	
Address		Stalls, Md.	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

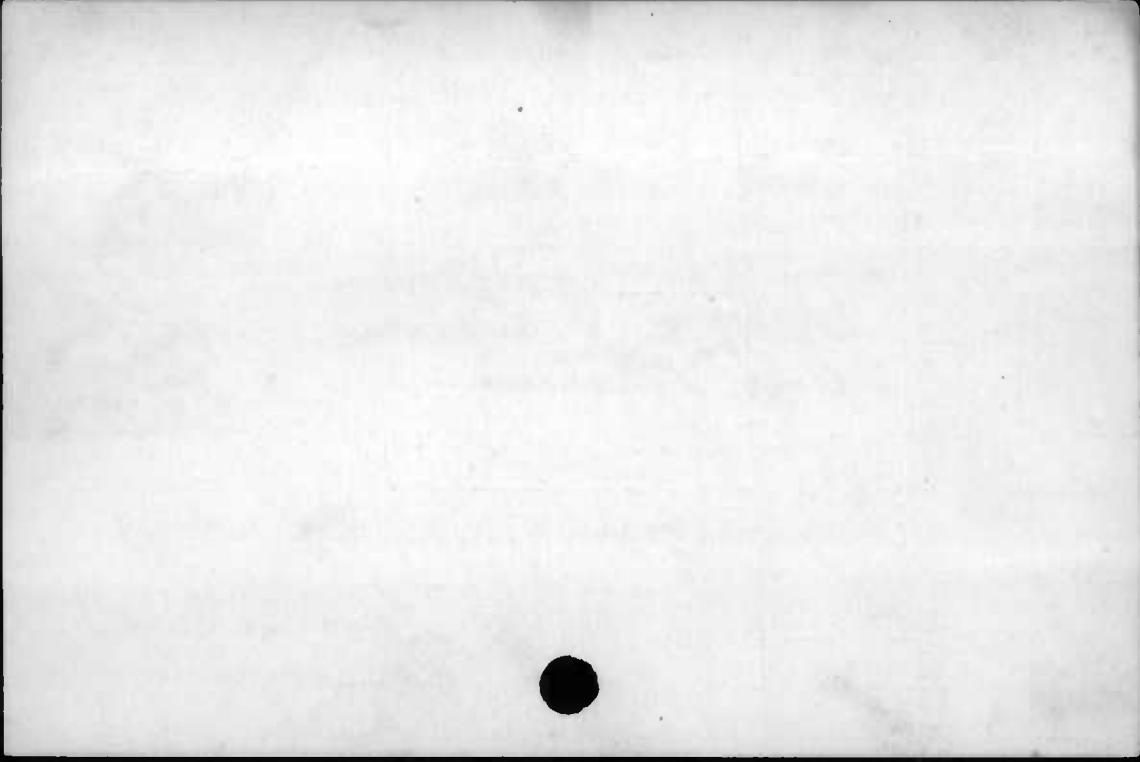
Died at <i>Chillum</i> Town		<i>Prince George's</i> County		MARYLAND	
Date of death <i>1996</i>	Month <i>June</i>	Day <i>30</i>	Years <i>19</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>Homemaker</i>			Where Residing if not at place of death		
<input checked="" type="checkbox"/> Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>White</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Mary Keill Jr</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>4 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Alfred T. Garsons</i>
	Address <i>14000 Park Hill</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hattie Louise Johnson
Town *College Park* County *Prince Georges* MARYLAND

Died at *College Park*

Date of death *1906* Month *June* Day *2* Age *2* Years *9* Months *9* Days

Sex *Female* Color or Race *Black* Birth-place *Md.*

Occupation *Teacher* Where Residing if not at place of death *Md.*

Married, Single or Widowed *Single* Name of Wife or Husband *George Johnson*

Father's Name *George Johnson* Father's Birthplace *Md.*

Mother's Maiden Name *Mary Harris* Mother's Birthplace *La.*

Name of person giving information *"* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* (93) How long *5 days*

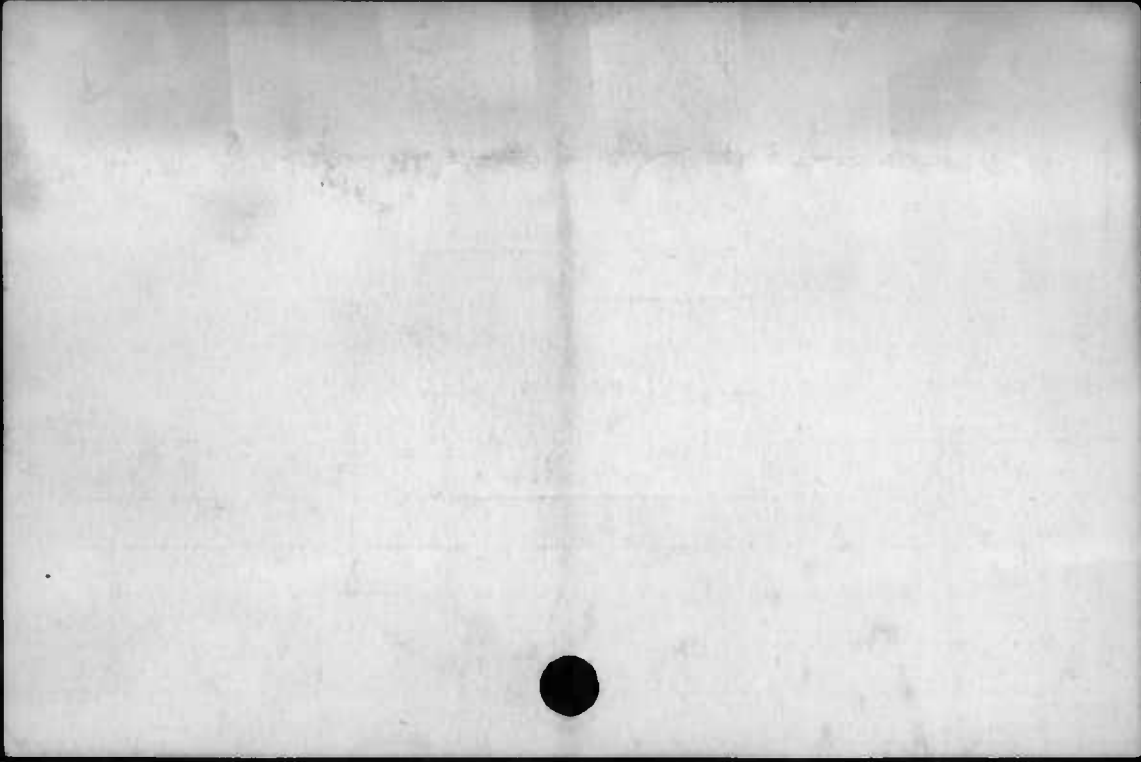
Immediate *x* How long *x*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. E. Willis*

Address *Hyattsville, Md.*

Accident or Suicide? *No*



Name
in
Full

Ernest F. Jones

CERTIFICATE OF DEATH

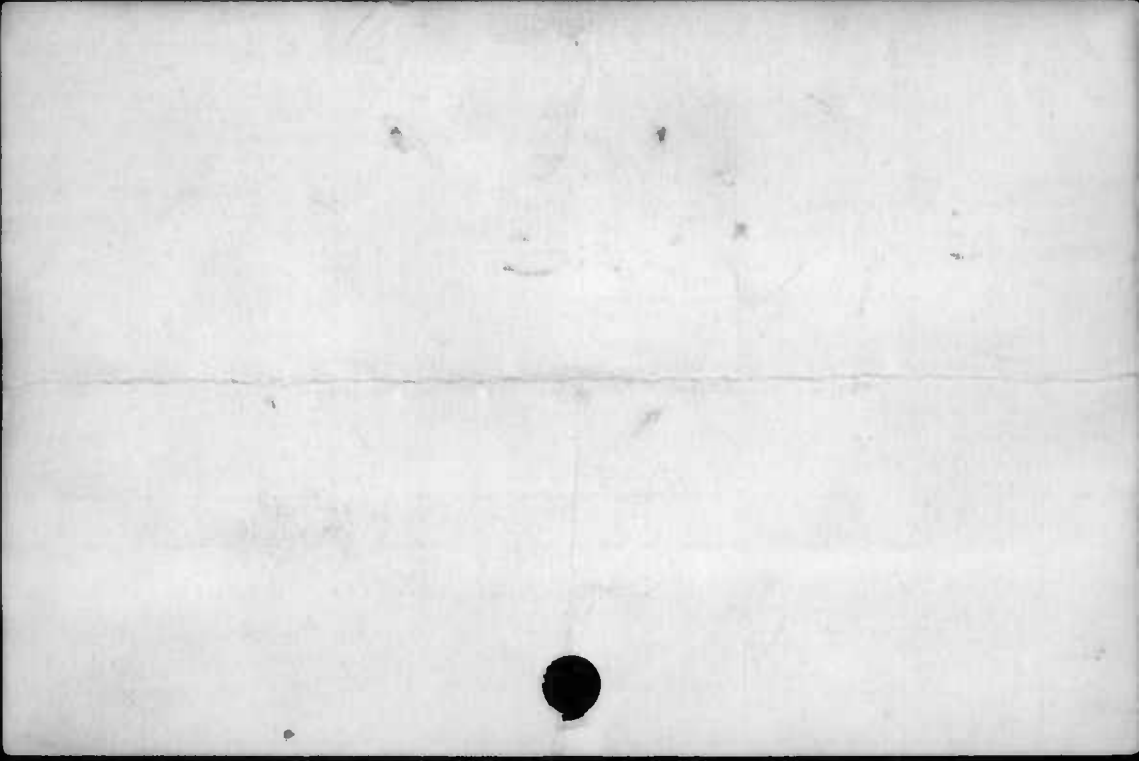
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Rainier</i>		<i>Prince George</i> County		MARYLAND	
Date of death	1906	Month	June	Day	25
Age	(12)	Years	12	Months	9
Sex	Male	Color or Race	White	Birth-place	Dallas, Tex.
Occupation	X		Where Residing if not at place of death X		
Married, Single or Widowed	X	Name of Wife or Husband X			
Father's Name	Chas. E. Jones,			Father's Birthplace	Cornith, Miss.
Mother's Maiden Name	Allie A. Gray,			Mother's Birthplace	Denton, Tex.
Name of person giving information	C. E. Jones,			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hodgkin's disease</i>	How long	<i>53</i> About 14 months
Immediate	<i>Asphyxia from laryngeal edema</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<i>Chas. T. Neenan M.D.</i>	
Address		<i>Brentwood Md.</i>	
Accident or Suicide?		X	



Name
in
Full

CERTIFICATE OF DEATH

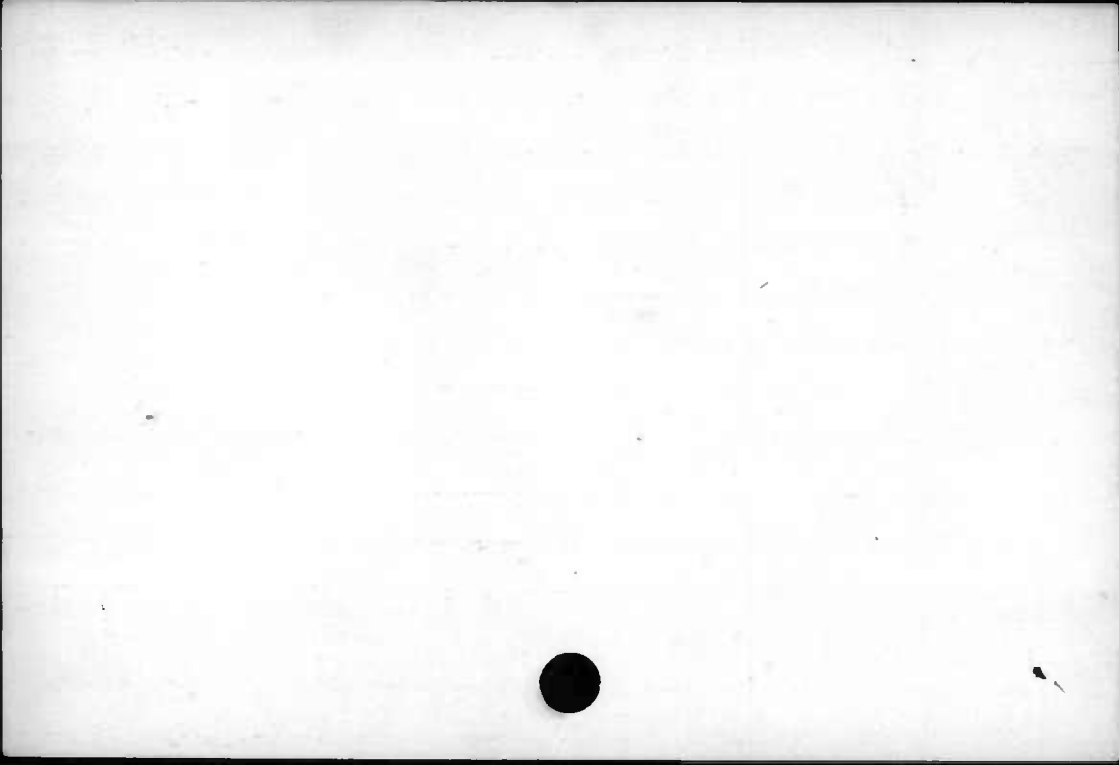
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Landover</i> Town		<i>P.C.</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>25</i>	Age <i>4</i> Years	Months <i>4</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>(Black)</i>		Birthplace <i>Wash D.C.</i>		
Occupation <i>none</i>	Where Residing If not at place of death				
Maided, Single Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George King</i>	Father's Birthplace <i>Po. Co. Md.</i>				
Mother's Maiden Name <i>Natie Banks</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>John T.C. Banks</i>	How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer Bronchitis</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None in attendance</i>
	Address <i>18 Eausbury St Forestville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Samuel King Lee

Town **Bladenburg** County **Prince George** **MARYLAND**

Died at **Bladenburg**

Date of death **1906** Month **June** Day **24** Age **78** Years **6** Months **18** Days

Sex **Male** Color or Race **colored** Birth-place **md na**

Occupation **Farmer** Where Residing if not at place of death

~~Married~~ or Widowed **married** Name of Wife or Husband

Father's Name **Charles B Lee** Father's Birthplace **na**

Mother's Maiden Name **E. Squire** Mother's Birthplace **na**

Name of person giving information **E. J. Lee Bawls** How related to deceased **Daughter**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **cardiac asthma** **(na)** How long **2 yrs**

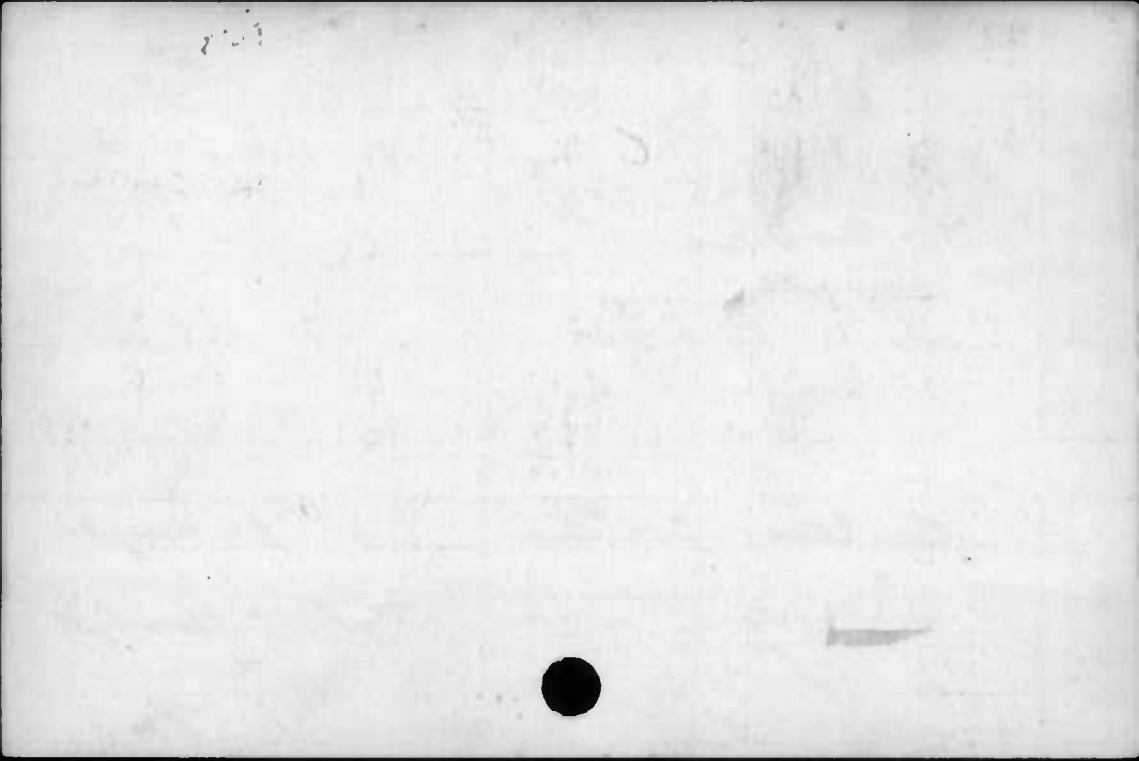
Immediate **Senility** How long

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **W. P. Hill**

Address **Hyattsville Md. P. S. Co**

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

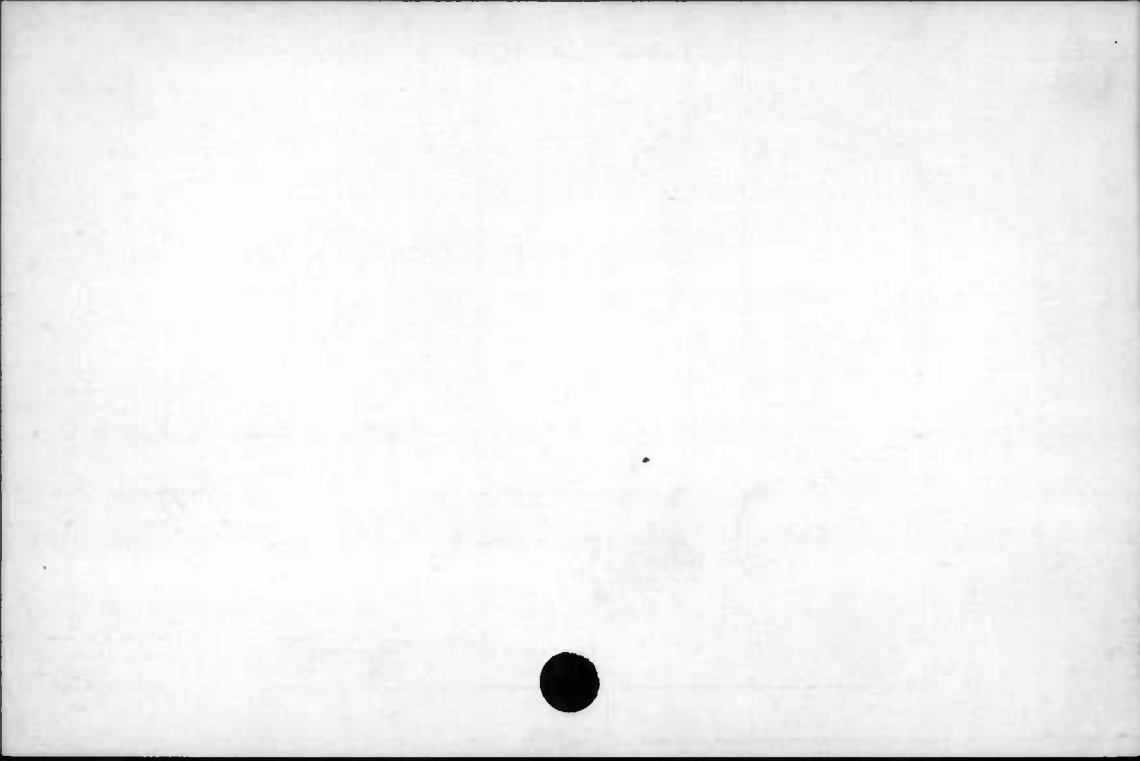
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Marjorie Harold Mc Donald</i>		Town <i>Laurel</i>		County <i>Pr. G.</i>		State <i>MARYLAND</i>	
Died at <i>Laurel</i>		Date of death <i>1906 June 25</i>		Age <i>10</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>Laurel</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George W. McDonald</i>		Father's Birthplace <i>Laurel</i>					
Mother's Maiden Name <i>Emma Jane Magner</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Isabelle McDonald</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bacillus - Colitis</i>		How long <i>10 days.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>D. R. G. Hosley</i>	
		Address <i>Laurel Md</i>	
Accident or Suicide?			



Name
In
Full

Drury Moore

CERTIFICATE OF DEATH

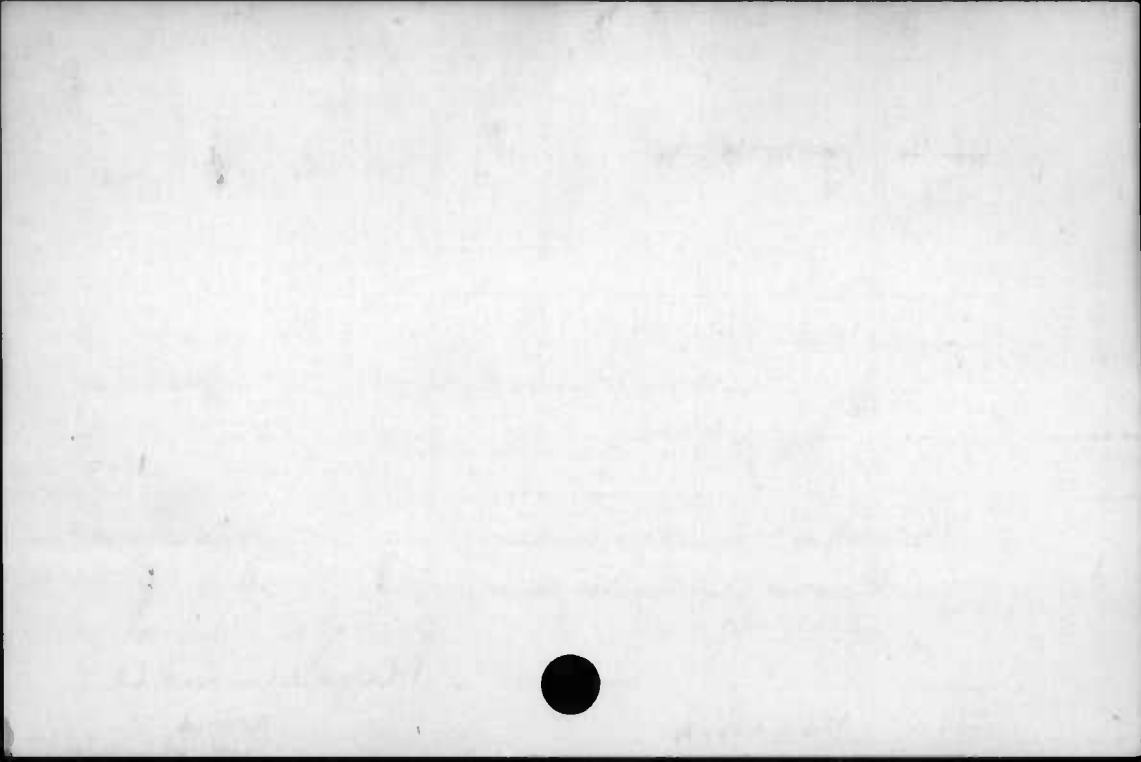
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>L.B.</i> Town		<i>P.G.</i> County		MARYLAND	
Date of death	1906	Month	June	Day	22
Age		2		Years	1
Sex		male		Color or Race	colored
Occupation				Birth-place	Ind
Where Residing If not at place of death					
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name		Anderson Moore		Father's Birthplace	Ind
Mother's Maiden Name		Corry Brawner		Mother's Birthplace	Ind
Name of person giving information		Anderson Moore		How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	4 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John A. Cor
		Address	L.B.
			Ind
Accident or Suicide?			



Name
in
Full

Alice Jauneter Naumann

CERTIFICATE OF DEATH

Died at

Riverdale

Town

Pr Geo

County

MARYLAND

Date

of death 1906

Month

June

Day

30

Age

Years

Months

10

Days

20

Sex

Female

Color or
Race

white

Birth-
place

Riverdale

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John J. Naumann

Father's
Birthplace

Wash. DC.

Mother's
Maiden Name

Katherine E. Skelton

Mother's
Birthplace

Scotland

Name of person giving
In formation

Father

How related
to deceased

CAUSES OF DEATH

Primary

Acute indigestion

How long

few hours

Immediate

Convulsions

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. J. H. Hatter
Hyattsville
MD

Accident or Suicide?

neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary O Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brandywine		P. O. County		MARYLAND	
Date of death		1906	Month June	Day 25	Age 20	Years 3	Months 5
Sex Female		Color or Race Colored		Birth-place Mae			
Occupation House maid				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Henry Newman		Father's Birthplace Mae					
Mother's Maiden Name Elizabeth Proctor		Mother's Birthplace Mae					
Name of person giving information Wm Newman		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 or 5 months
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John A. Cor	
Address		L.B.	
Accident or Suicide?		Mae	



Name
in
Full

CERTIFICATE OF DEATH

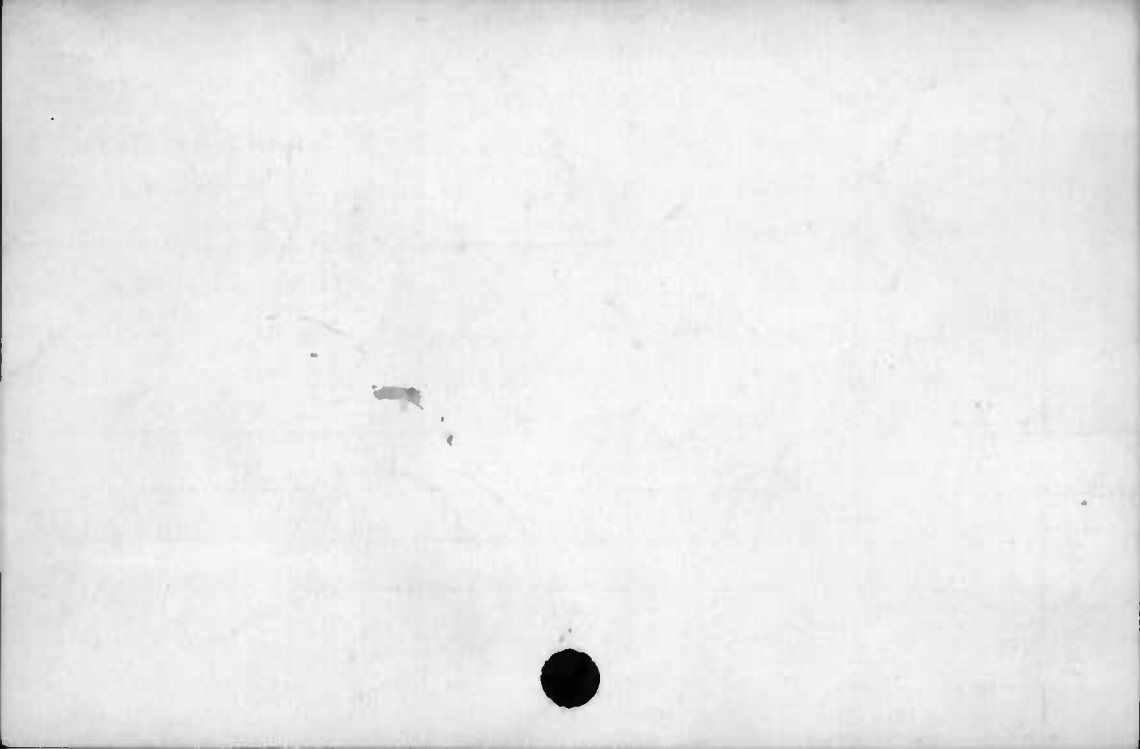
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Annie Niles</i>		Town <i>Bladensburg</i>		County <i>Prince Geo.</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1906</i>		Age <i>29</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>M.d.</i>		Days <i>6</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>John Niles</i>					
Father's Name <i>John Hawkins</i>		Father's Birthplace <i>M.d.</i>					
Mother's Maiden Name <i>Mary Hawkins</i>		Mother's Birthplace <i>M.d.</i>					
Name of person giving In formation <i>Mary Hawkins</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		How long <i>27</i>		Six months	
Immediate					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. E. Willis M.D.</i>			
		Address <i>Hyattsville</i>			
Accident or Suicide? <i>No.</i>		<i>M.D.</i>			



Name in Full		Dores V. Payne				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Clinton</u>		Town <u>P.G.</u>		County		MARYLAND	
	Date of death	1906	Month	June	Day	15	Age	46
	Sex	Female	Color or Race	White	Birthplace	Va.		
	Occupation	Housework		Where Residing if not at place of death		Clinton		
	Married, Single or Widowed	Single		Name of Wife or Husband		George V. Payne		
	Father's Name	Payne		Father's Birthplace		Va.		
	Mother's Maiden Name	Eustachius		Mother's Birthplace		Va.		
	Name of person giving information	G. V. Payne		How related to deceased		Household		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Consumption (27)				How long	18 years	
	Immediate	Inhalation				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
					at P. B. - Md.			
Accident or Suicide?								



Name
in
Full

Mary, Agnes Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brentwood</u> ^{Town}		<u>Pr. Geo</u> ^{County}		MARYLAND	
Date of death 190	<u>6</u> ^{Month}	<u>June</u>	<u>28</u> ^{Day}	Age <u>1</u> ^{Years}	<u>10</u> ^{Months}
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Brentwood</u>	
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u>Sarah E. Reed</u>					
Father's Name <u>James Reed</u>			Father's Birthplace <u>Washington D.C.</u>		
Mother's Maiden Name <u>Knowles</u>			Mother's Birthplace <u>Manchester England</u>		
Name of person giving information <u>Aloysius R. Chrismone</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary <u>Measles, Pneumonia, Can crum or</u>		How long <u>Between 5 & 6 weeks</u>
<u>Coryngitis, Whooping Cough</u>		How long <u>1 1/2 hours</u>
Immediate <u>Meningeal convulsions, Coryngitis</u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. H. Miller</u>
		Address <u>2621 Fourteenth St NW</u>
		<u>Washington D.C.</u>
Accident or Suicide? <u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Clinton</u> Town		<u>P.F.</u> County			
Date of death	<u>1906</u>	Month <u>June</u>	Day <u>23^d</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		Months <u>3</u>
Occupation <u>None</u>	Where Residing if not at place of death <u>Clinton</u>		Days <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>James Robinson</u>			
Father's Name <u>James Robinson</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Mary Robinson</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>B. Budgett</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Supposed malarial fever</u>	How long <u>3 weeks</u>
Immediate <u>exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>None</u>
	Address <u>Anywhere</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Alice Schutty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Seat Pleasant</i>		Town		<i>P. George</i>		County	
Date of death	<i>1906</i>	Month	<i>June</i>	Day	<i>9</i>	Age	<i>51</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>D. C.</i>
Occupation	<i>Housewife</i>			Where Residing If not at place of death <i>Seat Pleasant</i>			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>John A. Schutty</i>			
Father's Name	<i>William R. King</i>			Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name	<i>Knockabel</i>			Mother's Birthplace <i>Ind.</i>			
Name of person giving information	<i>John A. Schutty</i>			How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Embolism</i>	How long	<i>3 months</i>
Immediate	<i>Arteriosclerosis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>L. S. Swaze</i>	
Address		<i>Bessing D. C.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Reuben S Slater

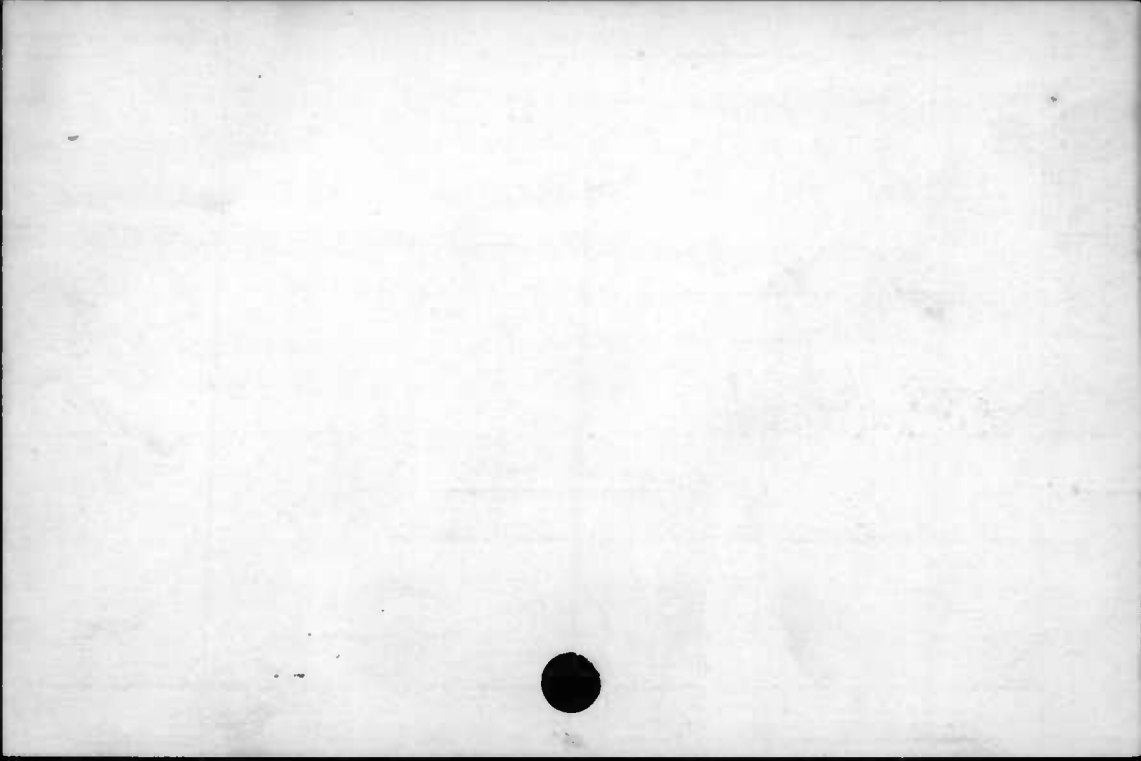
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u> ^{Town}		<u>Pr. Geo.</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>June</u> ^{Month}	<u>1</u> ^{Day}	Age <u>74</u> ^{Years}	<u>9</u> ^{Months}	<u>2</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ann Arundelle</u>		
Occupation <u>Machinist</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>M. Frances Slater</u>				
Father's Name <u>Abraham Slater</u>	Father's Birthplace <u>England</u>		Mother's Birthplace <u>Pr. Geo. Co</u>		
Mother's Maiden Name <u>Barbara Rollins</u>	Name of person giving information <u>Annie Slater</u>		How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>2 yrs</u>
Immediate <u>Asphyxia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. R. Smith</u>
	Address <u>Laurel Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Freemly* Town *Or Geo* CountyDate of death *1906* Month *June* Day *14* Age *—* Years *—* Months *3* Days *—*Sex *Male* Color or Race *Colored* Birth-place *Freemly*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Joshua Smith* Father's Birthplace *H. Mary Co.*Mother's Maiden Name *Elizabeth Sawling* Mother's Birthplace *Or Geo Co*Name of person giving information *Daniel Kucala* How related to deceased *No relation*

CAUSES OF DEATH

(151)

Primary *Improper nourishment* How long *1 month*Immediate *Inanition* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

E. D. Hurtt.
Prescataway
*Md.*Accident or Suicide? *—*



Sollers

Died at *Chesapeake Junct.* Town *Prince George* County MARYLAND

Date 19*06* Month *June* Day *23* Age *2* Y. M. D. Native of *Maryland* Occupation

Male White Married Widower Divorced

Female Colored Single Number of children living *2*

Husband of

Wife

Father's Name *James Sollers* Mother's Name *Hannah S. Sollers*

Maiden Name *Thornberg*

Cause of Death { Primary *Premature Birth* Immediate *elvanition* } How long sick

151

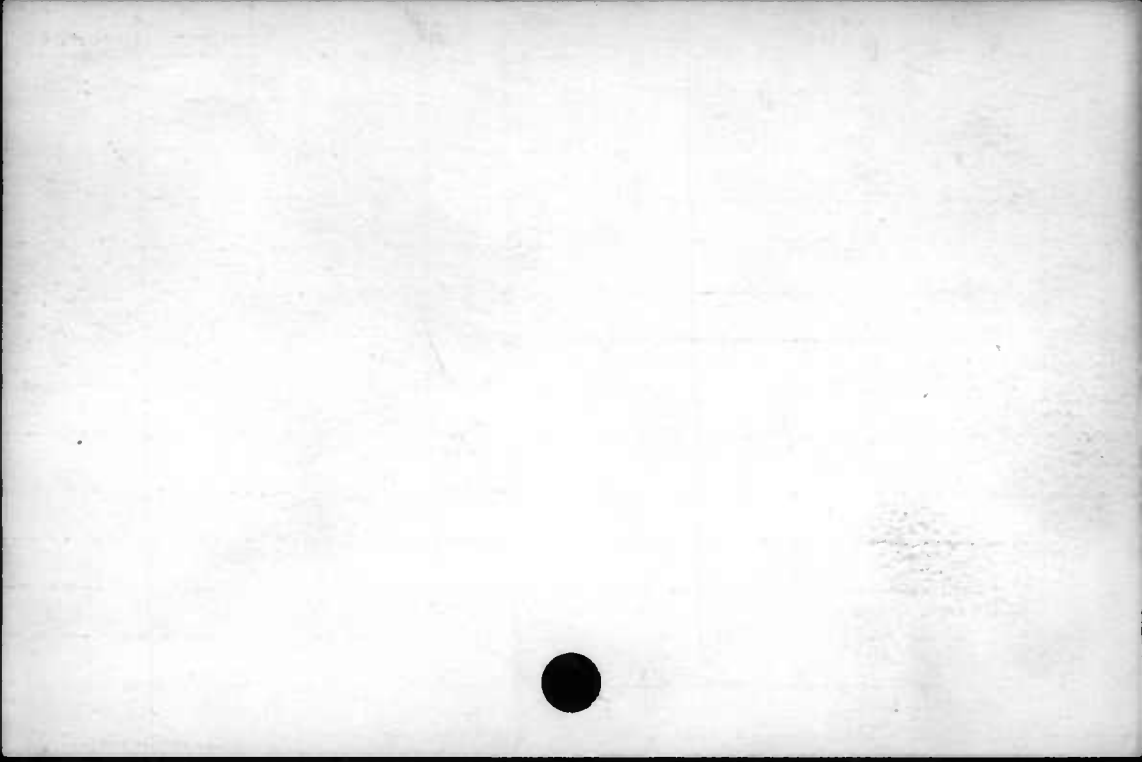
Accident, Suicide, Homicide

Reported by *M. W. Jones M.D.*Address *Deanwood Heights*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <i>Emmie A. Tabbo</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Lakeland</i> Town		<i>P. George</i> County
	Date of death <i>1906</i> Month <i>June</i> Day <i>28</i>		Age <i>—</i> Years Months <i>11</i> Days
	Sex <i>Female</i>	Color or Race <i>Poland</i>	Birth-place <i>Lakeland</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>	
	Father's Name <i>Cornelius Tabbo</i>	Father's Birthplace <i>Cal. Co. Ind</i>	
	Mother's Maiden Name <i>Nancy P. Gross</i>	Mother's Birthplace <i>" " "</i>	
Name of person giving information <i>Cornelius Tabbo</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>General Tuberculosis</i>	How long <i>Several months</i>	(34)
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. B. Emme</i>	
		Address <i>Brownsville, Ind.</i>	
	Accident or Suicide?		



Name
in
Full

Emory Samuel Windsor

CERTIFICATE OF DEATH

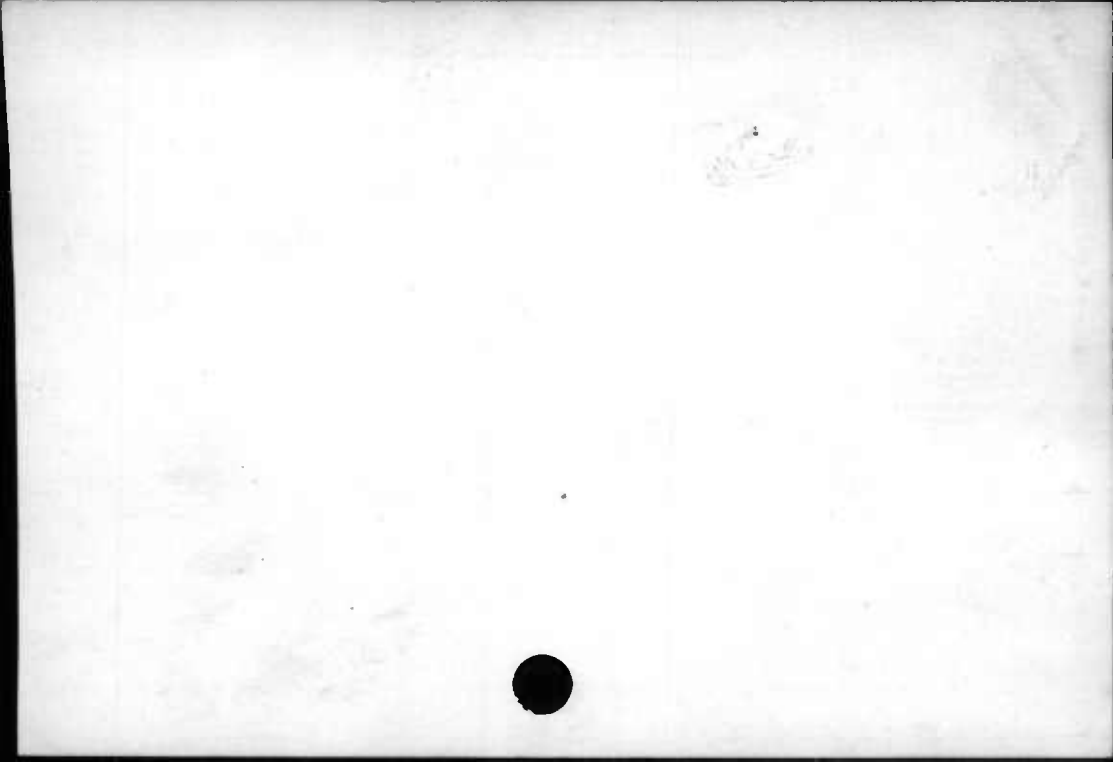
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seat Pleasant</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>23</i>	Age	Years	Months <i>7</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Albert Windsor</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Mollie Garner</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Albert Windsor</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>48 hrs.</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Sansbury</i>
	Address <i>Forestville md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Rosella Ann Windzor</i>		Town <i>Seat Pleasant Heights</i>		County <i>P. George</i>		MARYLAND	
Died at <i>Seat Pleasant Heights</i>		Month <i>June</i>		Day <i>28</i>		Years <i>78</i>	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>28</i>		Years <i>78</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Ind.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Richard Windzor</i>					
Father's Name <i>William Curtis</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Frank Windzor</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>28 hours</i>
Immediate <i>Exhaustion</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Savage</i>
	Address <i>Birmingham 26.</i>
Accident or Suicide?	

